DOCUMENT RESUME

ED 155 863 EC 110 764

| | |
|---|---|
| AUTHOR | Kibler, Robert G.; And Others |
| TITLE | Training for Trainers. |
| INSTITUTION | Southwest Georgia Program for Exceptional Children, Ochlocknee. Ochlocknee Multi-Handicapped Outreach Project. |
| SPONS AGENCY | Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C. |
| PUB DATE | 77 |
| NOTE | 204p.; For related information see ED 131 641, EC 110 764 and EC 110 766-767 |
| EDRS PRICE | MF-$0.83 HC-$11.37 Plus Postage. |
| DESCRIPTORS | *Delivery Systems; Educational Programs; *Handicapped Children; Identification; *Inservice Teacher Education; *Models; Preschool Education; Resource Guides; Student Evaluation; *Teacher Workshops |
| IDENTIFIERS | *Project Head Start |

ABSTRACT

The workshop resource manual provides a general approach and specific strategies to train and assist preschool and Head Start teachers in implementing a model of services for identifying, programing for, and evaluating the handicapped child in the classroom. Unit I examines the process of planning and implementing technical assistance activities in training. Units II and III outline the Ochlocknee Project model of services to handicapped preschool children with adaptions made for use within a Headstart setting. Suggested activities for providing training and assistance to teachers in implementing the model of services are presented. On each topic page, the purpose and learning objectives of the workshop session are stated; the handouts and materials are listed; the format for the workshop sessions is spelled out, and additional readings and materials are noted. Appended are a workshop impact questionnaire and an evaluation form. (SEH)

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# TRAINING FOR TRAINERS

A resource manual for training Head Start Outreach Cluster Coordinators in a general approach and specific strategies which can be used to train and assist Head Start teachers in implementing a model of services for identification, programming for, and evaluating the handicapped child in the classroom.

Developed and Compiled

by

The Ochlocknee Multi-Handicapped Outreach Project

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This material was prepared pursuant to a grant from the Bureau of Education for the Handicapped, Office of Education, U.S. Department of Health, Education, and Welfare. Grantees undertaking such projects under government sponsorship are encouraged to express freely their judgement in professional and technical matters. Points of view or opinions do not, therefore, necessarily represent official Office of Education position or policy.

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# PREFACE

This manual was originally designed and developed as a resource for use at a Training for Trainers workshop presented by the Ochlocknee Multi-Handicapped Outreach Project staff at the request of Humanics Associates, Inc., Florida State Head Start Training Office. The Workshop was sponsored by Humanics Associates for the Florida Outreach Cluster Coordinators and staff from Head Start in the states within HEW Region IV. Representatives from Florida, Georgia, Alabama, Kentucky and South Carolina attended the May 3-6, 1977, workshop held in Orlando, Florida.

A draft of the workshop manual was utilized during the actual presentation to allow input from the participants, particularly on the suggested strategies sections. These sections outline different ways for the workshop participants or other users of the manual to provide technical assistance for preschool and Head Start teachers of the handicapped. This approach was taken in developing the manual so that a worthwhile and more practical material could be made available for other groups interested in the information or a similar workshop. The Training for Trainers manual is a result of this collaborative effort.

The manual addresses three main topics presented at the workshop:

I. The Technical Assistance approach.
II. The Identification Process (for identifying handicapped children and their learning problems)
III. Educational Programming and Curriculums (prescriptive teaching)

Unit I examines the process of planning and implementing technical assistance activities including training. Units II and III outline the Ochlocknee Project model of services to handicapped preschool children with adaptions made for use within a Head Start setting. Suggested strategies for providing training and assistance to teachers in implementing the model of services are then presented. The focus of the manual is on these strategies. They should provide the reader with a bank of activities to use in meeting the overall purpose of each topic while implementing technical assistance.

Several topics fall under each unit. On each topic page, the purpose and learning objectives of the workshop session for that topic are stated; the handouts and materials are listed; the format for the workshop session is spelled out; and additional readings and materials are noted. As mentioned previously, suggested strategies are listed with the topics under Unit II and III. The handouts for each topic are found behind their respective topic pages. The manual also contains a sample workshop agenda and a brief list of definitions.

Primarily, the manual is useful for Head Start State Training Office personnel and Outreach Cluster Coordinators. However, anyone responsible for supervising, assisting, or training teachers of preschool handicapped children could profit by using the manual as a resource in working with their trainees.

ACKNOWLEDGEMENTS

The Ochlocknee Project staff engaged in quite a learning process in developing the Training For Trainers manual and presenting the materials at the Head Start workshop. Having been in the business of training teachers and paraprofessionals for a while, the training of other trainers added a new dimension to the Projects' technical assistance services. It required the development of new skills and the acquisition of new information by the staff. Many people have assisted in this learning process and in developing the manual.

In particular, appreciation is first expressed to Mr. G. Harold Smith, Program Director, Southwest Georgia Program for Exceptional Children and Director of the Ochlocknee Project, for his support and encouragement in this training endeavor. He and the Board of Directors, Southwest Georgia Program for Exceptional Children, are to be commended for developing and supporting Project Outreach Activities.

Every idea needs fertile ground in which to begin. Mrs. Ann Sanford and her Chapel Hill Training-Outreach staff provided this through sponsorship of "Collaboration '76", the OCD Regional Resources Conference held in Atlanta, Georgia, May 1976. While presenting at the conference the Project staff had the opportunity to meet Ms. Brenda Mason, Outreach Cluster Coordinator, Jacksonville, Florida. Brenda was the spark for the Head Start workshop. Her request for training and assistance in her cluster, led to collaboration on a state and then region wide basis.

Very special thanks is given to Ms. Evelyn Klesel, Handicapped Specialist, Humanics Associates, Inc., Florida Head Start Training Office. She provided the sponsorship of the workshop for the Florida Cluster Coordinators and opened the invitation to the other states within HEW Region IV. More important however, were the numerous meetings she held with the Project staff and the Head Start information and the technical advice she supplied. Without Evelyn's assistance, none of this would have been possible.

Appreciation is also expressed to Mrs. Bettye Thrower for her secretarial assistance and overtime and to Mrs. Anne Ring, Project secretary, for typing the final draft.

The Head Start State Training Office Handicapped Specialists and Outreach Cluster Coordinators who participated in the training workshop added much to the final draft of this manual. The Project staff extends thanks to this group for their persistance and support through the four days and for their flexibility in using a draft manual with unnumbered pages. Their dedication to their jobs was one of the success factors in the workshop.

Special recognition should be given to Judy Baldwin for coordinating the production of the final draft of the manual and who together with Lillie Bogan and Mary Ann Davis never worked as hard before. You made it all worth it.

Robert G. Kibler
Ochlocknee Outreach Project Coordinator

TRAINING FOR TRAINERS

May 3-6, 1977
Orlando, Florida

Sponsor

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Humanics Associates, Inc.
Orlando, Florida

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SAMPLE WORKSHOP AGENDA

TUESDAY, May 3, 1977

| | |
|---|---|
| 10:00 - 10:30 | Registration |
| 10:30 - 11:00 | Introduction |
| 11:00 - 11:30 | Presentor's Agency Overview |
| 11:30 - 12:00 | Reaching the Trainee<br>Overview of The Technical Assistance Approach |
| 12:00 - 1:00 | Lunch |
| 1:00 - 1:30 | Needs Assessment, The Technical Assistance Agreement/<br>Technical Assessment Planning & Reporting Forms |
| 1:30 - 1:45 | The Identification Process-Overview |
| 1:45 - 2:45 | Screening Areas<br>- Speech & Language<br>- Vision<br>- Hearing<br>- Learning Disabilities<br>- Behavior Disorders<br>- Social/Emotional<br>- Cognitive<br>- Developmental Delays<br>Screening Instruments<br>- CIP<br>- PAR<br>- Scherring<br>- ILDCSI<br>- Denver<br>- Burks<br>- Mykelbust<br>- Impedance & VASC |
| 2:45 - 3:00 | Break |
| 3:00 - 3:30 | Teacher Observation of Handicaps<br>- Teacher Observation Form<br>- Checklists of Handicapping Conditions |
| 3:30 - 4:30 | Interpretation of Educational/Developmental<br>Assessment Information |

SAMPLE WORKSHOP AGENDA

WEDNESDAY, May 4, 1977

| | |
|---|---|
| 8:30 - 9:00 | Parent Contact |
| 9:00 - 9:45 | Referral Procedures<br>- Necessary information prior to referral |
| 9:45 - 11:15 | Evaluations, Diagnostic and Program Planning Information<br>Psychological — Special Medical<br>Audiological — Speech and Language<br>Neurological<br>Ophthalmological |
| 10:30 - | Break |
| 11:15 - 12:00 | Individual Educational Plan Overview |
| 12:00 - 1:00 | Lunch |
| 1:00 - 1:15 | Staffing Overview<br>- Staff present<br>- Types of Staffing<br>- Initial<br>- Planning<br>- Termination |
| 1:15 - 3:15 | Simulated Staffing<br>- IEP Form A<br>- Listing of Strengths & Weaknesses from Assessment<br>- Writing IEP Form B (Short Term Objectives) |
| 3:15 - 3:30 | Break |
| 3:30 - 4:30 | Educational Programming Overview/Curriculum<br>- First Chance Materials (Early Childhood Materials Review) |

SAMPLE WORKSHOP AGENDA

THURSDAY, May 5, 1977

| | |
|---|---|
| 8:30 - 9:00 | Classroom Management |
| 9:00 - 10:30 | Lesson Plans<br>-Task Analysis<br>-Individualizing Within Groups |
| 10:30 - 10:45 | Break |
| 10:45 - 12:00 | Appropriate use of Learning Centers |
| 12:00 - 1:00 | Lunch |
| 1:00 - 2:00 | Innovative use of Materials |
| 2:00 - 3:15 | On-Going Evaluation - Formal & Informal |
| 3:15 - 3:30 | Break |
| 3:30 - 4:30 | Evaluation (IEP Form C)<br>- Post Testing |

FRIDAY, May 6, 1977

| | |
|---|---|
| 9:00 - 12:00 | Summation<br>- Review of Training Sessions<br>- Review of Training Packets<br>- Workshop Evaluation<br>- Plans for Follow-up |

## WORKSHOP DEFINITIONS

1. Participants - Those trainers attending the workshop who will obtain information to assist their trainees in applying the Identification and Programming Model discussed in this manual.

2. Trainees - Those persons directly involved with the prescriptive teaching of young handicapped children, who will receive assistance and training from workshop participants.

3. Prescriptive Teaching - A process for individualizing instruction which includes:
   A. Identification of developmental learning problems through observation, screening, and assessment.
   B. Pinpointing the needed skills and planning prescriptive activities through an examination of the child's strengths and weaknesses.
   C. Appropriate application of education program components to the instructional process.
   D. Evaluation of the child's progress.

4. Format - The procedures used and activities conducted during the workshop sessions to relate information on a particular topic.

5. Suggested Strategies - A variety of activities which may be used by the workshop participants or teacher trainers in the delivery of Technical Assistance to their trainees in implementing the Identification and Programming Model.

# UNIT I

# TECHNICAL ASSISTANCE

UNIT I: Technical Assistance

TOPIC: Overview

PURPOSE: To provide the participants with a broad awareness of the Technical Assistance approach for use in assisting their trainees in identifying handicapped children and providing them with appropriate educational programming through prescriptive teaching.

LEARNING OBJECTIVE: At the end of this session the participants should be able to:

1. Define technical assistance and discuss its relationship to the prescriptive teaching approaches used by their trainees.
2. Cite and discuss the relationship between the five phases of the technical assistance process.

HANDOUTS AND MATERIALS:

Handout: Fact Sheet on Technical Assistance
Handout: Principles of Technical Assistance

FORMAT: Present fact sheet or transparency of same, discuss components of definitions and five phases of Educational Technical Assistance. Make special note of the fact that the technical assistance delivery phase will be the focus of the workshop once the model is presented for identifying handicapped children in the classroom and providing them with prescriptive teaching. For purposes of this workshop, technical assistance delivery will be examined in terms of suggested strategies.

Compare Educational Technical Assistance to training and assistance procedures currently being used by participants.

Have participants list constraints and benefits in using the Educational Technical Assistance approach.

READINGS AND MATERIALS: Conference Manual and Readings, TADS Institute on Technical Assistance, July 5-9, 1976, Boone, North Carolina, Technical Assistance Development System (TADS), University of North Carolina, 500 NCNB Plaza, Chapel Hill, North Carolina 27514

Project Brochure, TADS, Ibid.

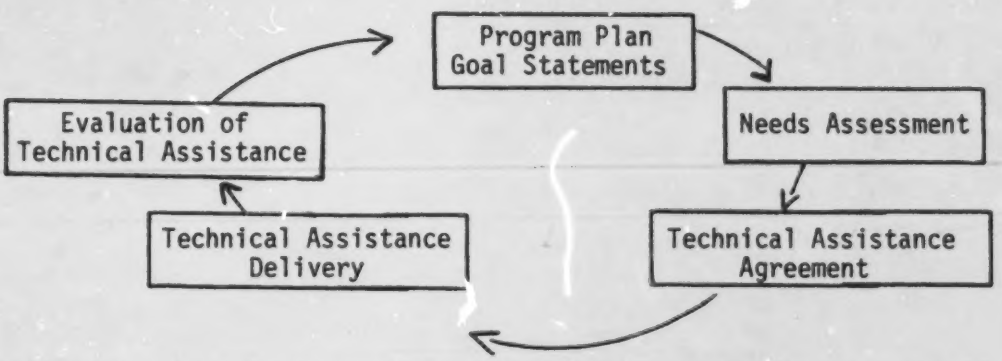
FACT SHEET ON TECHNICAL ASSISTANCE

## Educational Technical Assistance

"Educational Technical Assistance is the comprehensive and systematic delivery of consultative and informational resources to a finite set of systems directly providing educational services to children."

"Technical assistance may be defined as help from an outside agency designed to improve the competence of educational service delivery personnel by increasing their management, organizational or program skills, and/or their available information, relative to their multiple tasks of educational service delivery to students".

### Five Phases of Educational Technical Assistance




This model of delivering technical assistance to educational programs is more effective than conventional consultative services because:

1. The sequence of events in the "Technical Assistance Way" described above provides a much more comprehensive response to a program's real needs.

2. The relationship of the needs to the program plan and the relationship of the technical assistance delivered to the needs are formalized and established much more efficiently in a technical assistance model.

3. Technical assistance is sequential and continuous, leading to a mutual understanding and trust of the two parties involved.

4. A technical Assistance system is much more accountable for the effects of its assistance on the participating programs.

Adapted From: Gallagher, James Jr. "Technical Assistance and the Nonsystem of American Education," Conference Manual and Readings, TADS Institute on Technical Assistance, July 5-9, 1976, Boone, North Carolina, Technical Assistance Development System (TADS), University of North Carolina, Chapel Hill, North Carolina 27514

"A Primer on Educational Technical Assistance", Conference Manual and Readings, (TADS).

## PRINCIPLES OF TECHNICAL ASSISTANCE

A. A NEEDS ASSESSMENT OF THE CLIENT SHOULD PRECEED ANY TECHNICAL ASSISTANCE AND SHOULD TAKE PRECEDENCE IN THE TECHNICAL ASSISTANCE AGREEMENT.

B. A TALENT BANK OF CONSULTANTS WHO UNDERSTAND THE TECHNICAL ASSISTANCE PURPOSES SHOULD BE AVAILABLE TO RESPOND TO CLIENT NEEDS.

C. WRITTEN AGREEMENTS OF TECHNICAL ASSISTANCE SHOULD BE COMPLETED TO PROVIDE MANAGEMENT ASSURANCE AND CONFIRMATION OF AGREEMENT AND SUBSEQUENT ACTION.

D. INFORMATION EXCHANGED BETWEEN T.A. REPRESENTATIVES AND CLIENT SHOULD BE CONFIDENTIAL AND NOT USED FOR OTHER MANAGEMENT ACTIONS OR DECISIONS.

Adapted from: Conference Manual and Readings, TADS Institute on Technical Assistance, July 5-9, 1976, Boone, North Carolina, Technical Assistance Development System (TADS), University of North Carolina, Chapel Hill, North Carolina 27514

UNIT I: Technical Assistance

TOPIC: A. Needs Assessment

PURPOSE: To provide the participants with an awareness of the principles and functions of a technical assistance needs assessment which may be used to determine the areas in which their trainees require assistance in providing prescriptive teaching.

LEARNING OBJECTIVES: At the end of the session, the participants should be able to:

1. Distinguish a technical assistance needs assessment from other forms of needs assessment.
2. Cite and discuss the function and outcomes of technical assistance needs assessment.
3. Utilize existing needs assessment information or develop a technical assistance needs assessment to determine the areas in which their trainees require assistance in providing prescriptive teaching.

HANDOUTS AND MATERIALS:

| | |
|---|---|
| Handout | Fact Sheet on Needs Assessment |
| Handout | Organizational Profile |

FORMAT:

- Review fact sheet on needs assessment.
- Relate needs assessment to the other phases of Educational Technical Assistance.
- Review Organizational Profile for use in conducting a needs assessment.
- Compare Organizational Profile to needs assessment instruments and/or methods currently being used by the participants.
- List additional sources of information which can be utilized by the participants in conducting a needs assessment.
- Have participants list constraints and benefits of using the Organizational/Developmental Approach to needs assessment for determining their trainees needs for implementing or their prescriptive teaching skills.
- Have participants design sample questions to be included in an organizational profile of a program as part of a needs assessment to determine the training and assistance needs of trainees in terms of prescriptive teaching.

READINGS AND MATERIALS: Conference Manual and Readings, TADS Institute on Technical Assistance, July 5-9, 1976, Boone, North Carolina, Technical Assistance Development System (TADS), University of North Carolina, 500 NCNB Plaza, Chapel Hill, North Carolina 27514

FACT SHEET
ON
NEEDS ASSESSMENT

"A needs assessment is a procedure for determining the programmatic needs that exist within the organizational structure that must be met in order to accomplish the stated objectives for that program."

1. WHERE DO YOU START WITH A PROGRAM NEEDS ASSESSMENT?

   You must start with a program plan that has articulated meaningful goals and measurable objectives. Without these there is no basic foundation for determining needs.

2. ARE THERE DIFFERENT NEEDS ASSESSMENT PROCEDURES THAT CAN BE EMPLOYED?

   Yes. The following matrix illustrates nine different approaches that could be used with the two main variables being (1) amount of structure and (2) communication method.

| | A<br>In person/<br>on site | B<br>In person/<br>Off-site | C<br>Telephone/<br>Mail |
|---|---|---|---|
| A. Structured | AA | BA | CA |
| B. Semi-structured | AB | BB | CB |
| C. Un-structured | AC | BC | CC |

   AA - A structured interview in person on the site of the program.

   AB - A loosely structured interview on the site of the program.

   AC - An un-structured interview in person on the site of the program.

   BA, BB, and BC would follow the same pattern as the above three procedures with the difference being that the personal interview is conducted at a site other than the program site. A conference setting is often used or the home site of the technical assistance system.

   CA - A highly structured questionnaire asking specific questions.

   CC - A non-structured request to the program asking them to list their needs for assistance.

   CB - A somewhat structured questionnaire asking open ended questions concerning the needs of the program.

3. IF YOU WANT TO STRUCTURE THE NEEDS ASSESSMENT INTERVIEW, HOW DO YOU DECIDE UPON THE SPECIFIC QUESTIONS?

You must first start with some basic assumptions as to what constitutes a good, successful program in the educational area in which your client program is involved. For example, most early childhood education programs would have objectives for children in a number of developmental areas, e.g., language, development, motor development, perceptual development, reasoning development, and social development. The questionnaire can determine the extent of involvement planned in these areas or the extent that the program is professionally prepared to meet the anticipated level of involvement. Several methods could be used for the development of your information collection design. Following are a list of these:

A. Technical assistance staff's programmatic estimates.

B. Guidelines from the funding or parent agency.

C. Review of the elements of successful programs in same educational areas.

D. Review of the related literature.

E. Panel of "experts".

F. Group of consumers - parents, children, and public schools.

4. HOW DO I DETERMINE WHICH NEEDS ASSESSMENT STRATEGY OR PROCEDURE TO USE?

This decision should be based on a number of important factors:

1. Resources available (staff and travel funds)
2. Kind of information needed.
3. Extent of information needed.
4. Nature of client programs.

5. WHAT ARE THE BEST APPROACHES TO STRUCTURING NEEDS ASSESSMENT PROCEDURES?

Approaches need to be:

1. Tied in to the goals and objectives of the program.
2. Responsive
3. Comprehensive
4. Useful to both parties.

5. Communicate to a program the types of technical assistance available and the constraints.

The two kinds of approaches for structuring the instruments and procedures:

A. Program planning review to identify needs.

B. Organizational/Developmental Approach (e.g., TADS Organizational Profile and Adaptions thereof).

6. WHAT ARE THE OUTCOMES OF A NEEDS ASSESSMENT?

1. Provides for systematic review of entire program.
2. Provides the process for making some planning decisions.
3. Identifies new resources.
4. Identifies program responsibilities.
5. Identifies program needs.
6. Program can be assured of help.
7. Renews interest and committment.
8. Provides the relationship between the technical assessment provider and the program.
9. Provides a way to identify the resources needed.

7. HOW DO YOU ANALYZE AND USE THE INFORMATION RETRIEVED FROM YOUR NEEDS ASSESSMENT EFFORT?

An analysis of needs across an array of program categories is conducted with the needs assessment data giving attention to priorities of various categories of need. Two basic results are obtained:

1. Identification of specific program needs of an individual school system, center, or program and determination of the relative priority of each need.

2. Identification of the general program needs of the larger educational unit (e.g., a network of special centers, a State Education program, a National Educational program) on which to base future planning of program and technical assistance needs.

8. WHEN DO YOU START MEETING THE NEEDS THAT HAVE BEEN IDENTIFIED?

Immediately; but first there must be an agreement as to what technical assistance is to be delivered.

Adapted from: Conference Manual and Readings, "A Primer on Educational Technical Assistance", TADS Institute on Technical Assistance, July 5-9, 1976, Boone, North Carolina, Technical Assistance Development System (TADS), 500 NCNB Plaza, University of North Carolina, Chapel Hill, North Carolina

ORGANIZATIONAL PROFILE

For use in determining technical assistance needs.

Project_____

Project Person(s) Interviewed_____

Date_____

Interviewer_____

Comments:

Adapted from: TADS Organizational Profile, TADS, University of North Carolina, 500 NCNB Plaza, Chapel Hill, North Carolina 27514

## INSTRUCTIONS FOR NEEDS ASSESSMENT

The needs assessment visit is intended to accomplish the following objectives:

1. To visit the project, meet the staff, and observe the program.

2. To review the project's current status in planning and organizational development.

3. To identify the project's technical assistance needs for the coming year.

4. To develop a tentative Technical Assistance Agreement.

5. To identify any strong components in the project that might be a resource for Outreach.

No two needs assessment visits are alike, and "flexibility" is often the order of the day in accomplishing the objectives outlined above. However, the following is a suggested agenda or sequence of activities for the needs assessment.

First Morning

1. Meet the project director and staff; observe the program.

2. Review (with entire staff, if possible) the purposes of your visit and respond to general questions about the technical assistance activities.

First Afternoon

3. Review project's current status in planning and organizational development using project proposals, work plans, etc., in addition to the organizational profile.

4. Develop a list of technical assistance needs.

Second Morning

1. Review the needs identified yesterday (and complete the identification of needs, if necessary).

2. Develop tentative Technical Assistance Agreement.

3. Explain the sequence of activities and timeline for ratification of the Technical Assistance Agreement.

## CHILDREN

| Concepts and Knowledge | Yes | No | Technical Assistance Need |
|---|---|---|---|
| 1. Do you know the basic characteristics of the children you will be serving, including criteria for admission? e.g., geographical characteristics, types and severity of handicap? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 2. Have you conceptualized or identified a particular theoretical approach that you will follow? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 3. Have you selected diagnosis and assessment procedures to be utilized with children? (are these procedures consistent with your theoretical approach?) | ____ | ____ | ____ |
| Comments: _____ | | | |
| 4. Have you selected materials to accompany your instructional program? (are they consistent with your theoretical approach?) | ____ | ____ | ____ |
| Comments: _____ | | | |
| 5. Does your instructional staff have training and experience in the instruction of handicapped children like those being served by your project? | ____ | ____ | ____ |
| Comments: _____ | | | |

CHILDREN

| Planning | Yes | No | Technical Assistance Need |
|---|---|---|---|
| 6. Do you have a written plan which states what you want to accomplish with the services to children component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 7. Does the plan specify the number and types of children to be served? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 8. Does the plan contain an overall goal statement(s) for your services to children component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 9. Does the plan have specific statements of objectives for the services to children component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 10. Does the plan describe activities that are directly related to the stated objectives? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 11. Does the plan demonstrate a relationship between assessment, individualized instructional programming and evaluation of services to children? | ____ | ____ | ____ |
| Comments: _____ | | | |

CHILDREN

| | Yes | No | Technical Assistance Need |
|---|---|---|---|
| 12. Does the plan identify all developmental areas upon which the services to children component will impact? (e.g., gross motor, fine motor, language, social/ emotional, cognitive, self-help, etc.) | ____ | ____ | ____ |

Comments: _____

_____

Implementation

| | | | |
|---|---|---|---|
| 13. Have you recruited sufficient staff to implement your plans for the services to children component? | ____ | ____ | ____ |

Comments: _____

_____

| | | | |
|---|---|---|---|
| 14. Have you identified sufficient curriculum materials and supplies to implement the services to children component? | ____ | ____ | ____ |

Comments: _____

_____

15. Have you developed a child record system?

Comments: _____

_____

| | | | |
|---|---|---|---|
| 16. Does the child record system facilitate the instructional program by relating assessment activities with established instructional objectives and with evidence of child progress? | ____ | ____ | ____ |

Comments: _____

_____

17. Have you implemented all aspects of your services to children component?

Comments: _____

_____

CHILDREN

| | Yes | No | Technical Assistance Need |
|---|---|---|---|
| **Evaluation** | | | |
| 18. Do you have a written evaluation plan for your services to children component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 19. Does your evaluation plan relate to each one of your project's objectives for the services to children component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| *20. Does your evaluation plan address the minimum standards set out in the TADS Evaluation Manual? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 21. Have you selected and/or developed the instruments and procedures necessary to implement your evaluation plan for the services to children component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 22. Have you assigned staff responsibilities for implementing the evaluation plan for the services to children component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 23. Have you developed a three year timeline of evaluation activities for implementing your evaluation plan for the services to children component? | ____ | ____ | ____ |
| Comments: _____ | | | |

| | Yes | No | Technical Assistance Need |
|---|---|---|---|
| **Demonstration and Dissemination** | | | |
| 24. Have you identified the aspects of your services to children component that merit dissemination? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 25. Do you have a written syllabus or guide that presents your services to children component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 26. Is the syllabus or guide in a form that is available for dissemination? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 27. Have you developed procedures and responsibilities for demonstrating the services to children component to visitors? | ____ | ____ | ____ |
| Comments: _____ | | | |

## PARENTS

| Concepts and Knowledge | Yes | No | Technical Assistance Need |
|---|---|---|---|
| 1. Do you know the basic characteristics of the parents you will be serving? (e.g., social/economic, ethic, etc.) | ____ | ____ | ____ |
| Comments: _____ | | | |
| 2. Are you familiar with a variety of models for providing services to parents? (home training, parent groups, parents as aides, parent counseling, etc.) | ____ | ____ | ____ |
| Comments: _____ | | | |
| 3. Have you selected a particular model(s) for your services to parents component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 4. Have you developed (or adopted) procedures for determining the needs of the parents you will be serving? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 5. Do you have a staff member(s) with training and experience in providing services to parents of young handicapped children? | ____ | ____ | ____ |
| Comments: _____ | | | |
| **Planning** | | | |
| 6. Do you have a written plan which states what you want to accomplish with your services to parents component? | ____ | ____ | ____ |
| Comments: _____ | | | |

PARENTS

| | Yes | No | Technical Assistance Need |
|---|---|---|---|
| 7. Does the plan specify the numbers and types of family members to be served? (e.g., mother, father, sibling, grandparents, etc.) | ____ | ____ | ____ |
| Comments: _____ | | | |
| 8. Does the plan contain an overall goal statment(s) for your services to parents component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 9. Does the plan have specific statements of objectives for the services to parents component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 10. Does the plan describe activities that are directly related to the stated objectives? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 11. Does the plan demonstrate the relationship between your parent needs assessment and your plans for providing services to parents? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 12. Does the plan identify all areas of parent involvement being addressed by your services to parents component? (e.g., parent-child interaction, counseling, volunteer work, recruiting, curriculum development, record keeping, advisory board, etc.) | ____ | ____ | ____ |
| Comments: _____ | | | |

PARENTS

| Implementation | Yes | No | Technical Assistance Need |
|---|---|---|---|
| 13. Have you recruited sufficient staff to implement your plans for the services to parents component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 14. Are all project staff aware of their roles and responsibilities in implementing the services to parents component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 15. Have you identified sufficient written materials and resources to implement the services to parents component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 16. Have you developed forms and procedures for recording the services provided to parents and other types of parent involvement? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 17. Have you implemented all aspects of your services to parents component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| Evaluation | | | |
| 18. Do you have a written evaluation plan for your services to parents component? | ____ | ____ | ____ |
| Comments: _____ | | | |

PARENTS

| | | Yes | No | Technical Assistance Need |
|---|---|---|---|---|
| 19. | Does your evaluation plan relate to each one of your objectives for the services to parent component? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| *20. | Does your evaluation plan address the minimum standards set out in the TADS Evaluation Manual? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| 21. | Have you selected and/or developed the instruments and procedures necessary to implement your evaluation plan for the services to parents component? | | | |
| | Comments: _____ | | | |
| 22. | Have you assigned staff responsibilities for implementing the evaluation plan for the services to parents component? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| 23. | Have you developed a three year timeline of evaluation activities for implementing your evaluation plan for the services to parents component? | ____ | ____ | ____ |
| | Comments: _____ | | | |

Demonstration and Dissemination

| | | | | |
|---|---|---|---|---|
| 24. | Have you identified the aspects of your services to parents component that merit dissemination? | ____ | ____ | ____ |
| | Comments: _____ | | | |

PARENTS

| | | Yes | No | Technical Assistance Need |
|---|---|---|---|---|
| 25. | Do you have a written syllabus or guide that presents your services to parents component? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| | _____ | | | |
| 26. | Is the syllabus or guide in a form that is available for dissemination? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| | _____ | | | |
| 27. | Have you developed procedures and responsibilities for demonstrating the services to parents component to visitors? | | | |
| | Comments: _____ | | | |
| | _____ | | | |

STAFF

| | Yes | No | Technical Assistance Need |
|---|---|---|---|

Concepts and Knowledge

1. Have you identified by title, qualification, and role description each staff position in your project. ____ ____ ____
   Comments: _____

   _____

2. Have all staff positions been filled with individuals who meet the qualifications for those positions?
   Comments: _____

   _____

3. Have you determined the specific knowledge and skills that each staff must possess in order to carry out their respective roles? ____ ____ ____
   Comments: _____

   _____

4. Have you developed or adopted procedures for determining your staff development needs? (a needs assessment for the staff?) ____ ____ ____
   Comments: _____

   _____

5. Do you have a staff member with training and experience in carrying out a staff development program?
   Comments: _____

   _____

Planning

6. Do you have a written plan that states what you want to accomplish with your staff development component? ____ ____ ____
   Comments: _____

   _____

STAFF

| | Yes | No | Technical Assistance Need |
|---|---|---|---|
| 7. Does the plan specify the specific staff members who will participate in the staff development activities? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 8. Does the plan contain an overall goal statement(s) for your staff development component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 9. Does the plan have specific statements of objectives for the staff development component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 10. Does the plan describe staff development activities that are directly related to the stated objectives? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 11. Does the plan demonstrate the relationship between the staff needs assessment and the staff development objectives and activities? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 12. Does the plan for staff development address all staff development activities being carried out by your project? (e.g., a general orientation of staff to project goals and objectives, information resources provided attendance at workshops and professional conferences, outside consultants, etc.) | ____ | ____ | ____ |
| Comments: _____ | | | |

STAFF

| Implementation | Yes | No | Technical Assistance Need |
|---|---|---|---|
| 13. Have you identified a staff member(s) who is responsible for implementing the staff development component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 14. Have you identified sufficient human resources (both within and outside your own staff) to implement your staff development component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 15. Have you identified sufficient written materials and resources to implement your staff development component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 16. Have you developed forms and procedures for keeping records of your staff development component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 17. Have you implemented all aspects of your staff development component? | ____ | ____ | ____ |
| Comments: _____ | | | |
| **Evaluation** | | | |
| 18. Do you have written evaluation plan for your staff development component? | ____ | ____ | ____ |
| Comments: _____ | | | |

STAFF

| | | Yes | No | Technical Assistance Need |
|---|---|---|---|---|
| 19. | Does your evaluation plan relate to each one of your project's objectives for the staff development component? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| | _____ | | | |
| *20. | Does the evaluation plan address the minimum standards set out in the TADS Evaluation Manual? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| | _____ | | | |
| 21. | Have you selected and/or developed instruments and procedures necessary to implement your evaluation plan for the staff development component? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| | _____ | | | |
| 22. | Have you assigned staff responsibilities for implementing the evaluation plan for the staff development component? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| | _____ | | | |
| 23. | Have you developed a timeline of evaluation activities for implementing your evaluation plan for the staff development component? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| | _____ | | | |

Demonstration and Dissemination

| | | | | |
|---|---|---|---|---|
| 24. | Have you identified the aspects of your staff development component that merit dissemination? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| | _____ | | | |

STAFF

| | | Yes | No | Technical Assistance Need |
|---|---|---|---|---|
| 25. | Do you have a written syllabus or guide that presents your staff development component?<br>Comments:_____ | ____ | ____ | ____ |
| 26. | Is the syllabus or guide in a form that is available for dissemination?<br>Comments:_____ | ____ | ____ | ____ |
| 27. | Have you developed procedures and responsibilities for demonstrating the staff development component to visitors?<br>Comments:_____ | ____ | ____ | ____ |

## DECISION MAKERS

| Concepts and Knowledge | Yes | No | Technical Assistance Need |
|---|---|---|---|
| 1. Have you identified the types of decision makers who would be appropriate targets for your projects demonstration/dissemination activities? (policy level, administrative level, program implementation level) | ____ | ____ | ____ |
| Comments: _____ | | | |
| 2. Have you selected specific aspects or components of your project that will be the primary focus of your demonstration/dissemination activities? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 3. Have you selected advisory board members who might contribute to your demonstration/dissemination activities? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 4. Do you have a staff member(s) with training and experience in carrying out demonstration/dissemination activities? | ____ | ____ | ____ |
| Comments: _____ | | | |
| **Planning** | | | |
| 5. Do you have a written plan which states what you want to accomplish through your demonstration/dissemination activities? | | | |
| Comments: _____ | | | |
| 6. Does the plan name the specific targets for demonstration/dissemination activities? | ____ | ____ | ____ |
| Comments: _____ | | | |

DECISION MAKERS

| | Yes | No | Technical Assistance Need |
|---|---|---|---|
| 7. Does the plan contain an overall goal statement(s) for your demonstration/ dissemination activities? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 8. Does the plan have specific statements of objectives for the demonstration/ dissemination activities? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 9. Do the activities described in the plan relate directly to the stated objectives? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 10. Does the plan demonstrate a relationship between the specific targets for demonstration/dissemination and, the project components being disseminated, and the demonstration/dissemination methods to be employed? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 11. Does the plan include all demonstration/ dissemination activities to be carried by the projects? (public awareness activities, utilization of the advisory board, liaison with other agencies and groups, development of brochures, slide/ tapes, etc.) | ____ | ____ | ____ |
| Comments: _____ | | | |

Implementation

| | | | |
|---|---|---|---|
| 12. Have you identified a staff member(s) who is responsible for implementing the demonstration/dissemination plan? | | | |
| Comments: _____ | | | |

| | Yes | No | Technical Assistance Need |
|---|---|---|---|
| 13. Have you identified sufficient human resources (both within and outside your own staff) to implement your plan for demonstration/dissemination? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 14. Have you developed or adopted procedures for keeping records of your demonstration/dissemination activities? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 15. Have you implemented all aspects of your demonstration/dissemination plan? | ____ | ____ | ____ |
| Comments: _____ | | | |

Evaluation

| | | | |
|---|---|---|---|
| 16. Do you have a written plan for evaluation of demonstration/dissemination activities? | ____ | ____ | ____ |
| Comments: _____ | | | |
| 17. Does your evaluation plan relate to each one of your project's objectives for demonstration/dissemination activities? | ____ | ____ | ____ |
| Comments: _____ | | | |
| *18. Does your evaluation plan address the minimum standards set out in the TADS Evaluation Manual? | ____ | ____ | ____ |
| Comments: _____ | | | |

DECISION MAKERS

| | | Yes | No | Technical Assistance Need |
|---|---|---|---|---|
| 19. | Have you selected and/or developed instruments and procedures necessary for implementing your evaluation plan for demonstration/dissemination activities? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| | _____ | | | |
| 20. | Have you assigned staff responsibilities for implementing the evaluation plan for demonstration/dissemination activities? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| | _____ | | | |
| 21. | Have you developed a timeline of evaluation activities for implementation of your evaluation plan for demonstration/ dissemination activities? | ____ | ____ | ____ |
| | Comments: _____ | | | |
| | _____ | | | |

* For Head Start minimum standards for evaluation may be found in the OCD Performance Standards.

UNIT I: Technical Assistance

TOPIC: B. Technical Assistance Agreements and Planning and Reporting Procedures

PURPOSE: To provide the participants with an awareness of the purpose and functions of technical assistance agreements and planning and reporting forms, and an awareness of the basic skills needed in writing these.

LEARNING OBJECTIVES: At the end of this session the participants should be able to:

1. Cite and discuss the functions and components of technical assistance agreements and planning and reporting forms.
2. Write technical assistance agreements and planning and reporting forms for utilization in assisting trainees to provide prescriptive teaching.

HANDOUTS AND MATERIALS:

| | |
|---|---|
| Handout: | Fact sheet on TA Agreements |
| Handout: | Guidelines for writing Technical Assistance Agreements |
| Handout: | Sample Technical Assistance Agreement |
| Handout: | T.A. Planning and Reporting Form |

FORMAT:

- Review fact sheet on TA Agreements and Guidelines for writing TA Agreement. Stress the methodologies which can be employed in Technical Assistance Delivery. These comprise the types of suggested strategies which can be utilized by participants in assisting and training their trainees.
- Relate TA Agreements to the other phases of Educational Technical Assistance.
- Compare TA Agreements to Technical Assistance Planning and Reporting forms and other methods used by participants for structuring and documenting the working relationship with their trainees.
- Have participants develop a Technical Assistance Agreement and/or Technical Assistance Planning and Reporting form from a sample Organizational Profile and Program Summary.
- Have participants list constraints and benefits of using Technical Assistance Agreements and Technical Assistance Planning and Reporting Forms.

READINGS AND MATERIALS: "Conference Manual and Readings", TADS Institute on Technical Assistance.

Technical Assistance Agreement
Fact Sheet

1. WHY DO YOU DEVELOP A TECHNICAL ASSISTANCE AGREEMENT?

   Three basic reasons. First, it clarifies communications with the program. If you are delivering service to a large network, such as all schools in a State or a nationwide network of educational diagnostic centers, you must be able to communicate quickly and concisely with any number of client programs. Vagueness in what you are going to do or in what the client programs expect you to do will lead to inefficient delivery of technical assistance. Second, managing and monitoring the disbursement of technical assistance is much more efficient and concise. Based on the technical assistance agreements a management by objectives procedure can be established to assure that all obligations of the technical assistance program are systematically met. Last, the technical assistance agreement procedure sets up an automatic accountability system. Based on these agreements the technical assistance program can establish a clear plan for determining the effectiveness of its services.

2. HOW DO YOU WRITE A TECHNICAL ASSISTANCE AGREEMENT?

   Based on the prioritized needs of the individual program you draw up a plan similar to the program plan outline model. Specific technical assistance objectives are written for each of the priority needs of the program. Based on the objective you specify what technical assistance actions are to take place by what dates. Last, you outline a plan to evaluate the extent to which each technical assistance objective was met. Attached you will see an example of a technical assistance agreement.

3. HOW DO YOU ACTUALLY DELIVER TECHNICAL ASSISTANCE SERVICES TO THE CLIENT PROGRAMS?

   Several methodologies can be employed:

   1. On-site consultation and assistance.
   2. Project visitation for observation, sharing discussion, etc.
   3. Conferences for information and awareness.
   4. Small staff training workshops for skill development.
   5. In-house assistance - consisting of consultation by telephone and mail; reviewing, planning, preparation of materials, and filling information requests.
   6. Review/Critique of specific program components.
   7. In-print technical assistance - newsletters, training manuals and packets, samples of tests and instructional materials.
   8. Information searches.

4. HOW DO YOU DECIDE WHEN TO USE WHICH METHOD?

It depends on the need that is being met. When the primary task is that of developing new competencies in program staff, an on-site workshop with a great deal of follow-up is necessary. When the primary task is that of sharpening and/or clarifying already established competencies, the on-site visitation may not be necessary; and an in-house response would be more cost effective. We have discarded the mode of large group workshops as being ineffective in changing behavior of the people attending the workshop. The constraints and resources provided by the technical assistance agency are also vital factors.

Adapted from: Conference Manual and Readings, TADS Institute on Technical Assistance

## GUIDELINES FOR TECHNICAL ASSISTANCE AGREEMENT WRITING

### WHY TECHNICAL ASSISTANCE?

One of the major services provided to Cluster Head Start Centers by Outreach Cluster Coordinators is in the area of Program Development. Program Development services support the efforts of each local center in providing for a quality program of educational services to exceptional children.

Technical Assistance from Outreach Clusters provides for a systematic and accountable program of support services. It supports the identification of program needs which can be addressed by the resources of the Cluster and the Center. Technical Assistance provides for a systematic match between program needs and services to insure a continuous development and improvement of educational services to children.

### WHAT IS A TECHNICAL ASSISTANCE AGREEMENT?

It is an agreement signed by the Outreach Cluster Coordinator and the local Head Start Director describing the technical assistance services to be delivered by the Cluster to the local Center. The Agreement includes the responsibilities of both agencies in completing the agreement.

### WHAT PART DOES THE AGREEMENT HAVE IN PROVIDING TECHNICAL ASSISTANCE?

The Agreement provides for a systematic delivery of clearly defined services to address agreed upon program needs in the local Center. It is the basic means the Cluster Coordinator uses to insure that services are provided to the Center systematically and in a way that will have the most impact on program needs.

The Agreement is the final product of the needs assessment process and is the plan for the delivery of services. It provides for a process of clear communication between the Center, Cluster and staff or consultants providing services for program development technical assistance.

### WHAT DOES A TECHNICAL ASSISTANCE AGREEMENT LOOK LIKE?

The Technical Assistance Agreement is divided into six parts: The Technical Assistance Need, Targets, Intended Impact, The Technical Assistance Outcome Objective, Technical Assistance Activities, and Technical Assistance Evaluation Plan.

### WHAT SHOULD GO IN THE TECHNICAL ASSISTANCE NEED STATEMENT?

A general statement of the local Center's program needs. The Need Statement should be specific enough to support planning for the delivery of Technical Assistance Service. It should address a need that is within the resources of the Center and the Cluster. A need addressed to the development of curriculum is reasonable. A need addressed to the hiring of additional teachers is not reasonable.

Guidelines for Technical Assistance Agreement Writing

WHAT SHOULD GO IN THE TARGET SECTION?

The primary targets for technical assistance from the Outreach Cluster Coordinator are the local Center leadership, instructional, and ancillary staff. The target section should specify (by position) which Center staff will be directly involved in the technical assistance plan. It may specify more than one target. However, services may be planned more clearly if the targets are limited.

Targets should not include children or parents. These are the local Center's "targets"; and while technical assistance services may affect them, they are not considered a primary target for program development technical assistance.

WHAT SHOULD GO IN THE INTENDED IMPACT SECTION?

Intended impact is categorized into the four following areas:

(a) Knowledge and awareness - the result of the technical assistance is that the targets have new information to use in planning and implementing their special education (or other) program.

(b) Skill development - the result of the technical assistance is that the targets have the ability to do something (e.g., write a behavioral description, provide expanded services to parents, etc.)

(c) Product development - the result of the technical assistance is that the targets have a specific product for their use (e.g., a comprehensive plan, a policy statement for special education, a curriculum guide, etc.)

(d) Decision/Change - the result of the technical assistance is that the targets make a decision about some component of their program (e.g., select an assessment procedure, adopt a language curriculum).

A particular technical assistance plan may have more than one of these intended impact, but one impact should be identified as primary and the other secondary.

WHAT SHOULD GO IN THE TECHNICAL ASSISTANCE OUTCOME OBJECTIVE COLUMN?

A precise statement of what the technical assistance should accomplish should be included. There should be at least one (perhaps two) Technical Assistance Outcome Objective(s) for each Technical Assistance Need. The outcome objective may not necessarily meet the entire need expressed in the Technical Assistance Need statement. It should meet the need in part, or at least change the need in some way.

Guidelines for Technical Assistance Agreement Writing

The Outcome Objective should specify the date by which the objective will be accomplished.

WHAT SHOULD GO IN THE TECHNICAL ASSISTANCE ACTIVITIES COLUMN?

This includes a precise, detailed, sequential description of the actions to be taken in order to meet the Technical Assistance Outcome Objective. The Technical Assistance Activities should clearly describe both the Outreach Cluster's and the local Center's responsibilities and activities. Each action set-up should include WHO is responsible and WHEN it should be accomplished. The Activities should be listed in chronological order.

The Activities column is the "meat" of the Agreement. This section requires the most attention for clarity and detail. During the needs assessment period this section of the Agreement should record only suggested plans of action. After the needs assessment, the Outreach Cluster Coordinator should work out the details of the agreement with the Local Head Start Director. When these actions have been negotiated to the satisfaction of the local Director and the Outreach Cluster Coordinator, the agreement will be ratified by the appropriate signatures.

WHAT SHOULD GO IN THE TECHNICAL ASSISTANCE EVALUATION PLAN COLUMN?

This should include a clear statement of how to determine whether or not the outcome objective was met to the satisfaction of the local Director and the Cluster Coordinator. The content of this column should relate directly to the Technical Assistance Outcome Objective and/or the Technical Assistance Activities. Evaluation activities may assess documentation that in fact the activity was carried out, impact that the activity provided on the specified need, and/or satisfaction of the activities target(s).

WHAT TIME FRAME SHOULD THE TECHNICAL ASSISTANCE AGREEMENT INCLUDE?

In general Technical Assistance Agreements are developed with cooperating local Head Start Centers so as to be carried out during the remaining funding period following the development of the needs assessment.

Except in extremely important or urgent situations, technical assistance services should not be promised before 3-6 weeks after the needs assessment. This provides ample time for negotiation and ratification.

Any time frame discussed during the needs assessment interview should be understood as being tentative. Time frames become firm (or change) when the agreement is ratified. Following ratification time lines may need to be changed. This is done in writing between the cooperating parties.

IS THERE A PARTICULAR WAY NEEDS SHOULD BE LISTED ON THE TECHNICAL ASSISTANCE AGREEMENT?

Yes. Needs should be listed in rank order by importance to the local Center. The most important need should be listed first, second most important next, and so forth. If the Cluster Coordinator is unable to meet all the needs of a local system those most important can be addressed first. It may be that certain needs may be referred to other agencies for action.

HOW ARE TECHNICAL ASSISTANCE AGREEMENTS RATIFIED?

Following the initial needs assessment visit, the tentative Agreement is reviewed by the Outreach Cluster Coordinator and the local Head Start Director. This permits a clear understanding of the needs of the Center, resources required, time frames, and so forth. Technical Assistance Agreements are developed simultaneously with all cooperating Head Start programs within a cluster. If several of these programs have the same needs, technical assistance services may be developed to make the best use of Center and Cluster resources. The final ratification of the Agreement involves both parties again.

Adapted from: Conference Manual and Readings, TADS Institute on Technical Assistance

SAMPLE
Technical Assistance Agreement

CENTER: Good Start Head Start, Good Start, U.S.A. DATE: 7-17-77

NEED: Assistance in implementing the use of Individual Educational Plans (I.E.P.) for handicapped students.

(NOTE: This need was identified prior to completion of the needs assessment (organizational profile) as it is a need common to all centers within cluster.)

TARGET: 7 Teachers

TECHNICAL ASSISTANCE IMPACT Knowledge and Awareness; Skill Development

| Technical Assistance Objectives | Technical Assistance Activities | Technical Assistance Evaluation |
|---|---|---|
| By September 15, the Center directors in cooperation with the handicapped coordinator and teachers will select a format for writing IEP's. | 1.1 By September 5, the Outreach Cluster Coordinatos (OCC) will supply the center staff with 4 different formats for writing IEP's. | 1.1 Letter of transmittal |
| | 1.2 The Center staff will meet to choose a format and notify the OCC of their choice. | 1.2 Letter to OCC from Head Start Director specifying choice. |
| On September 20, Center staff will attend a 1 day Cluster workshop on writing IEP's. | 2.1 The OCC will provide a 1 day workshop on writing IEP's on September 20. | 2.1 Workshop evaluations completed by the participants. |
| | 2.2 The appropriate center staff will attend the Cluster workshop to practice using the selected IEP's and compare the usefulness of selected forms with those of other Centers attending the workshop. | |
| At the time of staffing handicapped children for services, the selected IEP Forms A & B (for short and long term objectives respectively) will be filled in on staffed children. | 3.1 Appropriate center staff will attend the staffing and complete IEP's on children staffed. | 3.1 IEP's on file in the classroom and the child's permanent record. |

Center_____

| Technical ssistance Objectives | Technical Assistance Activities | Technical Assistance Evaluation |
|---|---|---|
| | 3.2 The OCC will attend on the first staffing date to assist center staff in completing IEP's. | 3.2 OCC signature added to IEP's.<br>3.3 Technical Assistance evaluation form (designed by OCC to evaluate this assistance) filled out by entire staff. |
| .1 Every ten weeks following the date a child is staffed, a treatment team consisting of the Center director, handicapped coordinator, lead teacher, the child's teacher and aide, and the child's parents (if available) will meet to review and update IEP form B short term objectives. | 4.1 Appropriate center staff will meet to update IEP Form B based on the child's performance over the previous 10 weeks.<br>4.2 The OCC will be available to assist in the treatment team meeting upon request. | 4.1a Treatment Team Agenda<br>4.1b Completed IEP Form B<br>4.2 OCC signature on IEP's Form B<br>4.3 Technical Assistance Evaluation Form completed by center staff receiving assistance. |
| .1 At the end of the school year or at the time of a child's termination from the program, IEP Form C (Final evaluation) will be completed on all handicapped children. | 5.1 Appropriate center staff will meet to update IEP Form C based on the child's performance through the year.<br>5.2 The OCC will be available to assist in the final review. | 5.1 Completed IEP Form C.<br>5.2 OCC signature included on IEP Form C.<br>5.3 Technical assistance evaluation form completed by center staff after receiving assistance. |

Technical Assistance
Planning and Reporting

Contact Person_____

Agency_____

Address_____Telephone_____

Date_____Duration_____Location_____

*Outreach Objective_____

Outreach Staff

Activity Objectives

Activities and Responsibility

Materials and Responsibility

Agency Responsibility

Outreach Comments

---

To be completed after activity

Activity Critique

Plans for follow-up

Spin-off

(Note: Technical assistance provider and recipient signatures are optional.)

*(e.g., training, needs assessment, writing formal technical assistance agreements, observation, consultation)

# UNIT II

# IDENTIFICATION PROCESS

UNIT II: Identification Process

TOPIC: Overview

PURPOSE: To provide the participants with a broad awareness of a process their trainees may use in identifying a handicapped child in the classroom.

LEARNING OBJECTIVES: At the end of this session the participants should be able to:

1. Define the identification process and discuss its relationship to educational programming.
2. Cite and discuss the relationship between the sequenced components of the identification process.
3. Utilize identification process component checklist to ensure that all steps have been taken in the process of identifying handicapped children and their learning problems.
4. Use the workshop format and suggested strategies to assist trainees in meeting objectives 1-3 and meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS:

Handout: Identification Process Flowchart
Handout: Identification Process Fact Sheet
Handout: Identification Process Component Checklist

Overhead transparency: Identification Process Flowchart

FORMAT:

- Review Identification Process Flow Charts and fact sheet on the Identification Process.
- Review Identification Process Component Checklist.
- Have participants cite examples of the kind of information that is generated by each of the Identification Process components and its usefulness for educational programming (Prescriptive teaching).
- Have participants compare the Identfication Process components to the process currently used by their trainees.
- Have participants list the constraints and benefits of utilizing the Identification Process components in assisting their trainees.

SUGGESTED STRATEGIES:

1. Have trainees use Identification Process Checklist or adaption of same with children suspected of being handicapped to document that appropriate steps have been taken in identifying them as being handicapped.
2. Provide consultation for trainees on the identification procedures for individual children.

Unit II
Identification Process

READINGS AND MATERIALS:

Collier County Public Schools, Head Start Exceptional Child Program, "Program Procedures Checklist"

Hennor, M.L., "Identifying Handicapped Children for Child Development Programs", Humanics Press, Atlanta, Georgia

"Identification, Referral and Assessment: Steps to Placement of Children", a replication module, the Ochlocknee Multi-Handicapped Outreach Project, P. O. Box 110-A, Ochlocknee, Georgia 31773.

Liberty County Early Learning Center, "Program Procedures Checklist"

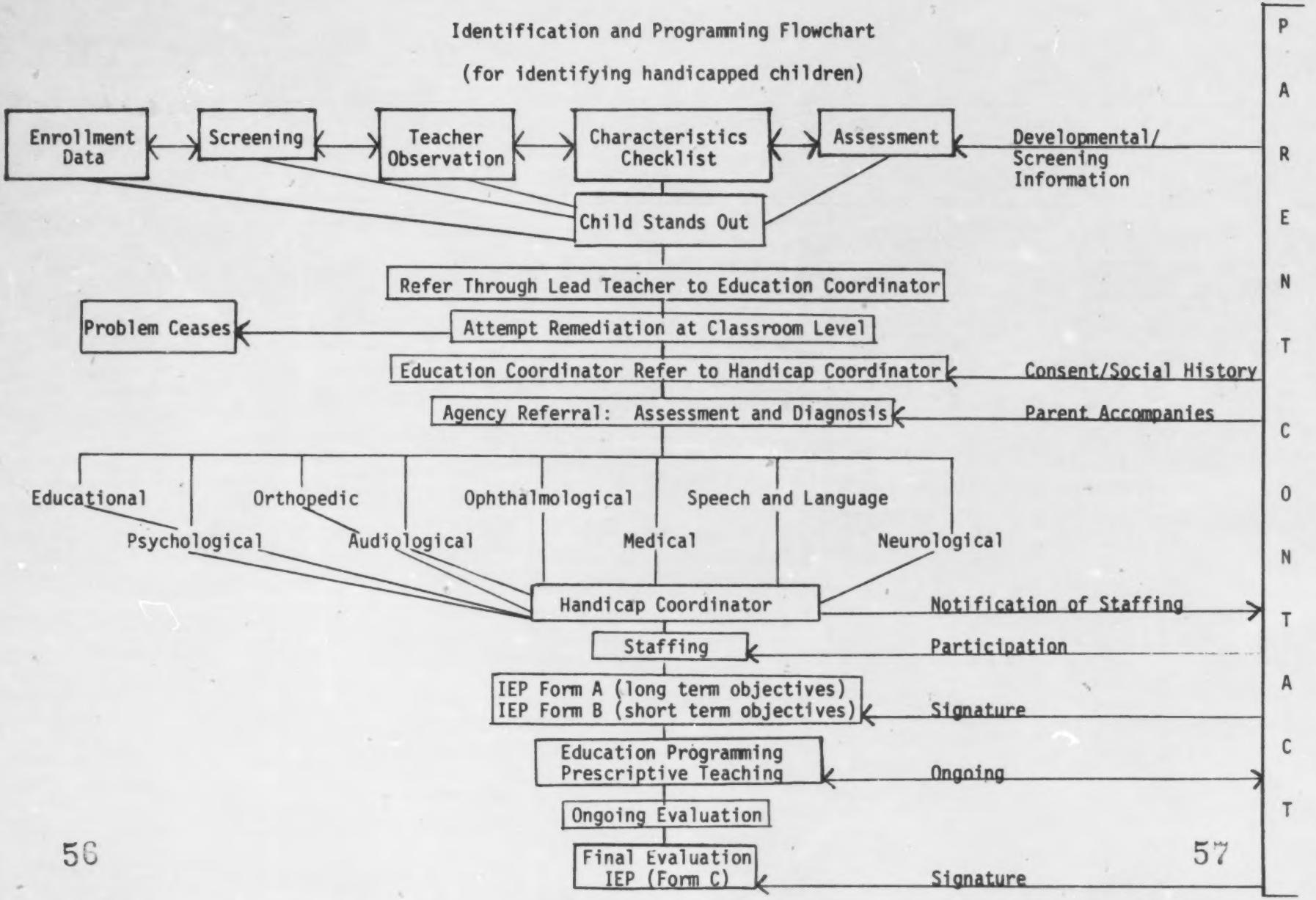
Magliocca, Larry A., Rinaldi, Robert A., Crew, John L., Kunzelmann, Harold P., "Early Identification of Handicapped Children Through a Frequency Sampling Technique", Exceptional Children, No. 43, April 1977, pp. 414-423.

"Part of a Team: The Delivery of Social Services Within a Preschool Special Education Setting", a replication module, The Ochlocknee Multi-Handicapped Outreach Project, P. O. Box 110-A, Ochlocknee, Georgia 31773.

## Identification Process Fact Sheet

The identification process involving handicapped children is a process in which classroom observation, screening, and assessment data is combined with developmental/screening data supplied by the parents to determine children that are in need of indepth assessment and diagnosis. The initial part of the identification process is complete when a diagnosis is made and the (child's) learning strengths and problems have been identified and long term objectives have been established in the form of an Individual Education Plan (IEP). The second phase of the identification process continues through the establishment of short term objectives in the form of an Individual Education Plan (IEP). This step necessitates the use of techniques for ongoing evaluation of the child's program and his performance.

The identification process involves more than determining which children can be classified and which cannot. Also involved are steps which identify the types and extent of the handicap; the child's developmental and learning strengths and weaknesses; appropriate objectives; the child gains based upon ongoing and post evaluation.


Identification and Programming Flowchart
(for identifying handicapped children)
Enrollment Data
Screening
Teacher Observation
Characteristics Checklist
Assessment
Developmental/ Screening Information
Child Stands Out
Refer Through Lead Teacher to Education Coordinator
Problem Ceases
Attempt Remediation at Classroom Level
Education Coordinator Refer to Handicap Coordinator
Consent/Social History
Agency Referral: Assessment and Diagnosis
Parent Accompanies
Educational
Orthopedic
Ophthalmological
Speech and Language
Psychological
Audiological
Medical
Neurological
Handicap Coordinator
Notification of Staffing
Staffing
Participation
IEP Form A (long term objectives)
IEP Form B (short term objectives)
Signature
Education Programming
Prescriptive Teaching
Ongoing
Ongoing Evaluation
Final Evaluation
IEP (Form C)
Signature
PARENT CONTACT

Identification Process

Component Checklist

COMPONENT

1. Screening

| Area | Instruments and/or Agencies Used | DATES |
|---|---|---|
| Medical | | |
| Dental | | |
| Vision | | |
| Hearing | | |
| Speech & Language | | |
| Cognitive | | |
| Behavior | | |
| Social/Emotional | | |
| Learning Disabilities | | |
| Developmental Delay | | |
| 2. Parental Developmental/ Screening Information | | |
| 3. Teacher Observation Forms | | |
| 4. Teacher Checklist Forms | | |
| 5. Initial Assessment | | |
| 6. Referral through Lead Teacher to Education Coordinator | | |
| 7. Classroom remediation attempted | | |
| 8. Education Coordinator refer to Handicap Coordinator | | |
| 9. Parental Consent for outside evaluation obtained | | |
| 10. Social History compiled | | |

Identification Process
Component Checklist

| COMPONENT | Instruments and/or Agencies Used | DATES |
|---|---|---|
| 11. Agency Referral: Assessment & Diagnosis | | |
| Type | | |
| Educational | | |
| Psychological | | |
| Orthopedic | | |
| Audiological | | |
| Ophthalmological | | |
| Medical: Type | | |
| Speech & Language | | |
| Neurological | | |
| Other: Specify Type | | |
| 12. Staffing scheduled and parents notified | | |
| 13. Staffing held Parent Participation Yes____ No____ | | |
| 14. IEP Forms (A & B) developed | | |
| 15. Parents signature obtained on IEP | | |
| 16. Educational Programming initiated | | |
| 17. Planning staffings | | |
| 18. Ongoing Evaluation (List instruments used) | | |
| 19. Ongoing Parent contact | | |
| 20. IEP - Form C developed | | |
| 21. Parent signature obtained on IEP (Form C) | | |
| 22. Termination staffing | | |
| 23. Contact with receiving school (program) | | |

UNIT II: Identification Process

TOPIC: A. Screening

PURPOSE: To provide the participants with a broad awareness of screening instruments which may be used to identify handicapped children, the screening process, and strategies to use with their trainees in conducting a comprehensive screening program.

LEARNING OBJECTIVES: At the end of this session the participants should be able to:

1. Identify the areas to be screened and instruments which may be used.
2. Identify the psychoeducational/developmental screening instruments which classroom teachers can administer.
3. Use workshop format and suggested strategies to assist trainees in meeting objectives 1 and 2 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS:

Handout: Screening/Assessment Bibliography and Addresses
Handout: List of Educational screening areas and instruments
Materials: Screening instruments for examination

FORMAT: Demonstrate and discuss representative screening instruments
Present and discuss handouts and materials.
Present and discuss suggested strategies.
After review of screening devices, participants will contribute to the listing of additional screening instruments.

SUGGESTED STRATEGIES:

1. Provide inservice on newly selected screening instruments.
2. Provide for a review of instruments now in use.
3. Provide inservice on techniques for incorporating the administration of screening instruments into the ongoing program.
4. Assist trainee in administration of screening instruments.
5. Assist trainee in reviewing screening results and determining which children are in need of more indepth assessment for diagnosis and programming.
6. Present trainee with a problem situation, (e.g., four year old child who doesn't eat). Have trainee list possible reasons for this behavior. (e.g., can't see the plate; too interested in playing; gums hurt; does not like the food.)

Identification Process

READINGS AND MATERIALS:

Liberty County Early Learning Center, "School Psychological Services", "Behavior Problem Checklist".

"A First Look, How to Plan and Implement Preschool Screening Programs", produced by Project Maine Stream Outreach Program, Frances H. Hale, Director, Maine School Administrative District 51, Cumberland, Maine.

Educational Screening
Areas and Instruments

| AREA | SCREENING INSTRUMENT |
|---|---|
| Vision | Scherring |
| Hearing | VASC, Impedance |
| Speech & Language | CIP |
| Cognitive | CIP, PAR, DIAL |
| Social/Emotional | CIP, PAR |
| Developmental Delays | Denver Developmental Screening Test, PAR, DIAL |
| Learning Disabilities | ILDCSI, Myklebust, Yellow Brick Road |
| Behavior Disorders | Burks |
| Motor | DIAL, Denver, CIP, PAR |

OCHLOCKNEE MULTI-HANDICAPPED OUTREACH PROJECT
SCREENING/ASSESSMENT BIBLIOGRAPHY

## SCREENING

| | |
|---|---|
| Hearing | Impedance Bridge ($1600.00) (infancy up)<br>Telecoustics |
| | Verbal Auditory Screening for Children VASC ($500.00)<br>(3-6 years) Zenith Company |
| Vision | Snellen Eye Chart (preschool up)<br>Bausch & Lomb Co. |
| | Symbols Visual Acuity Chart<br>Good-Lite Company |
| Developmental | Carolina Developmental Profile ($.75) (3-5 years)<br>Kaplan School Supply Corporation |
| | Comprehensive Identification Process CIP ($54.50)<br>(2½-5½yrs.) Scholastic Testing Service, Inc. |
| | Denver Developmental Screening Test ($6.25) (0-6 years)<br>LADOCA Project and Publishing Foundation, Inc. |
| | Developmental Indicators for the Assessment of Learning<br>(DIAL) DIAL, Inc. ($109.50) |
| | Meeting Street School Screening Test ($14.50) (Grade K-1)<br>Mercury Mail Advertising, Inc. |
| Speech & Language | Comprehensive Identification Process ($54.50)<br>(2½-5½yrs.) Scholastic Testing Service, Inc. |
| | Slingerland Screening Test for Children with Specific<br>Language Disability ($4.80 per grade) (6-10 years)<br>Educators Publishing Service, Inc. |
| Learning Disabilities | ILDCSI ($15.95 per package) (Grade K-4)<br>Learning Pathways, Inc. |
| | Myklebust, (50 copies for $4.50)<br>Greene and Stratton |
| | Yellow Brick Road, ($39.95 per kit) (5-7 years)<br>Learning Concepts |

## TESTING

| | |
|---|---|
| Developmental | Bayley Scale of Infant Development ($98.00) (0-42 months)<br>The Psychological Corporation |
| | Carolina Developmental Profile ($.75) (3-5 years)<br>Kaplan School Supply Corporation |
| | Learning Accomplishment Profile ($1.50) (0-6 years)<br>Kaplan School Supply Corporation |
| | Learning Accomplishment Profile - Diagnostic Edition<br>($150.00) (0-72 months) Kaplan School Supply Corp. |
| | Lexington Developmental Scale ($4.50) (0-6 years)<br>United Cerebral Palsy of the Bluegrass, Inc. |
| | Project Vision Up ($140.00) (0-6 years)<br>Educational Projects Training Foundation |
| | Revised Portage Guide to Early Education with Checklists<br>(Approx. $25.00) (0-6 years)<br>Cooperative Educational Service Agency (Portage) |
| | Vineland Social Maturity Scale ($22.50) (up to adult)<br>Western Psychological Services |
| Language | Assessment of Children's Language Comprehension<br>($14.50) (3-6.6 years)<br>Consulting Psychologists Press, Inc. |
| | Goldman-Fristoe-Woodcock Test of Articulation<br>($22.60) (2-Adult) American Guidance Service |
| | Goldman-Fristoe-Woodcock Test of Auditory Discrimination<br>($23.00) (4+ years)<br>American Guidance Service |
| | Vocabulary Comprehension Scale ($39.95) (2-6 years)<br>Learning Concepts |
| Emotional | Burks' Behavior Rating Scale ($25.00) (7-9 years)<br>Preschool Burkes (through K)<br>Arden Press |
| | Walker Problem Behavior Identification Checklist ($9.50)<br>(6+ years)<br>Western Psychological Services |
| Cognitive | Basic Education Skills Inventory BESI ($48.00)<br>(grades K-8)<br>Select-Ed, Inc. |

| | |
|---|---|
| Cognitive Continued | Boehm Test of Basic Concepts ($7.75) (4-7 years)<br>The Psychological Corporation |
| | Fountain Valley Reading Test ($636.85) (7-11 years)<br>E & S Associates |
| | Fountain Valley Mathematics ($741.00) (4-13 years)<br>E & S Associates |
| | Key Math Diagnostic Arithmetic Test ($25.00) (5-12 years)<br>American Guidance Service |
| | Metropolitan Readiness Test ($11.75) (5-7 years)<br>The Psychological Corporation |
| | Peabody Individual Achievement Test (PIAT) ($36.00) (K+)<br>American Guidance Service |
| | Peabody Picture Vocabulary Test ($14.00) (2.6 - Adult)<br>American Guidance Service |
| | Preschool Attainment Record (PAR) (Approx. $5.00)<br>(6 months - 7 years)<br>American Guidance Service |
| | Progressive Matrices ($5.50 per set) (5-65 years)<br>The Psychological Corporation |
| | Stanford Achievement Test (Approx $12.00 per level)<br>(9-15 years)<br>The Psychological Corporation |
| | Woodcock Reading Mastery Tests ($22.00) (K-12 years)<br>American Guidance Service |
| | Wide Range Achievement Test WRAT ($19.50) (9½-Adult)<br>Western Psychological Services |
| Perceptual | Frostig Developmental Test of Visual Perception<br>(Approx. $50.00) (4-8 years)<br>Follett Publishing Company |
| | Bender Visual Motor Gestalt Test ($3.50) (6 years up)<br>Psychological Corp. |
| | Developmental Test of Visual Motor Integration<br>(Approx. $50.00) (2-15 years)<br>Follett Publishing Company |
| | Motor Free Visual Perception Test ($17.50) (4-8 years)<br>Academic Therapy Publications |

| | |
|---|---|
| Perceptual Continued | Purdue Perceptual Motor Survey ($5.35) (6-10 years)<br>Charles E. Merrill Publishing Company |
| Intelligence | Columbia Mental Maturity Scale ($50.00) (3.6 - 9.11)<br>The Psychological Corporation |
| | Leiter International Performance Scale (Approx. $400.00) (2-Adult)<br>Western Psychological Service |
| | Otis-Lennon Mental Ability Test ($9.50) (Different tests for all levels)<br>The Psychological Corporation |
| | Slosson Intelligence Test ($7.50) (5 months - adult)<br>Slosson Educational Publications, Inc. |
| | Stanford Binet Intelligence Scale ($65.00) (2-Adult)<br>Houghton Mifflin Company |
| | Wechsler Intelligence Scale for Children - Revised (WISC-R) ($41.00) (5-15 years)<br>The Psychological Corporation |
| | Wechsler Preschool and Primary Scale of Intelligence WPPSI ($33.00) (4-6½ years)<br>The Psychological Corporation |
| Diagnostic Aptitude Test | Detroit Test of Learning Aptitude ($17.35) (3 years-adult)<br>The Bobs-Merrill Company, Inc. |
| | Illinois Test of Psycholinguistic Abilities ITPA ($64.50) (2-10 years)<br>University of Illinois Press |

## ASSESSMENT BIBLIOGRAPHY ADDRESSES

Academic Therapy Publications
1539 Fourth St.
San Rafael, CA 94901

American Guidance Service
Publisher's Building
Circle Plaines, Minn. 55014

Arden Press
8331 Alverado Drive
Huntington Beach, CA 92646

Bausch & Lomb Company
Buffalo, New York

The Bobs-Merrill Company, Inc.
4300 West 62nd Street
Indianapolis, Indiana 46206

Charles E. Merrill Publishing Company
1300 Alum Creek Dr.
Columbus, Ohio 43216

Consulting Psychologists Press, Inc.
577 College Ave.
Palo Alto, CA 94306

Cooperative Educational Service Agency
412 E. Silfer St.
P. O. Box 564
Portage, Wisc. 53901

DIAL, Inc.
Box 911
Highland Park, Illinois 60035

The Economy Company
P. O. Box 25308
1901 North Walnut
Oklahoma City, Oklahoma 73125

E & S Associates
P. O. Box 7127
Montgomery, Ala. 36108

Educational Products Training Foundation
6025 Chestnut Dr.
Boise, Idaho 83704

Educators Publishing Service, Inc.
75 Moulton St.
Cambridge, Mass. 02138

Assessment Bibliography Addresses

Follett Publishing Co.
1010 W. Washington Blvd.
Chicago, Ill. 60607

Good-Lite Company
7426 W. Madison Street
Forest Park, Illinois 60130

Houghton Mifflin Company
666 Miami Circle, N.E.
Atlanta, GA 30324

Kaplan School Supply Corp.
600 Jamestown Road
Winston-Salem, N.C. 27103

LADOCA Project and Publishing Foundation, Inc.
East 51 Street and Lincoln Street
Denver, Col. 80216

Learning Concepts
2501 North Lamar
Austin, Texas 78705

Mercury Mail Advertising Inc.
Providence, Rhode Island

The Psychological Corporation
304 East 4th Street
New York, New York 10017

Scholastic Testing Service, Inc.
Bensenville, Ill. 60106

Slosson Educational Publications, Inc.
P. O. Box 280
East Aurora, New York 14052

Telecoustics
P. O. Box 1635
Titusville, Florida 32780

United Cerebral Palsy of the Bluegrass, Inc.
Lexington, KY

University of Illinois Press
Urbana, Illinois 61801

University of North Carolina
Chapel Hill, North Carolina 27514

Assessment Bibliography Addresses

Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, Calif. 90025

Zenith Company
Suburban Plaza
2625 N. Decatur Road
Decatur, GA 30033

UNIT II: Identification Process

TOPIC: B. Teacher Observation

PURPOSE: To enable the participants to provide teachers with information regarding various handicaps; ~~and~~ techniques to observe behaviors and characteristics which may be indicative of these handicaps.

LEARNING OBJECTIVES: At the end of this unit, the participants should be able to:

1. Identify and define at least 7 handicaps and 3 characteristics of each one.
2. Discuss the importance of careful observation.
3. Become familiar with forms which aid in identifying children who may be handicapped.
4. Use workshop format and suggested strategies for presenting Objectives 1 through 3 to teachers, and assist them in meeting overall purpose of this topic.

HANDOUTS AND MATERIALS:

Handout: Diagnostic criteria for reporting handicapped children in Head Start

Handout: Characteristics: (Behavior Disordered, Hearing Impaired, Learning Disabled, Physically Handicapped and Chronically Ill, Speech Impaired, Visually Impaired)

Handout: Teacher Observation Form (TOF)

Handout: Suggestions Relating to Observation and Recording Behavior

Handout: Summarized Classroom Checklists

Handout: Diagnostic Criteria for Reporting Handicapped Children in Head Start

FORMAT: Explain handouts - Lead Discussion

SUGGESTED STRATEGIES:

1. Present sample case history with numerous characteristics and behaviors, get feedback from teachers regarding possible handicap.
2. Have teacher match characteristics with handicaps.
3. Teacher and Cluster Coordinator observe same child and compare results.
4. Observe 5 students and complete TOFs.
5. Observe 5 students, using Characteristics Checklist and write summary narrative.
6. Discuss observation in terms of an on-going process. Have trainees discuss why one sample of behavior does not indicate that a child is handicapped.

Identification Process

READINGS AND MATERIALS:

Magliocca, L.A., et al, "Early Identification of Handicapped Children through a Frequency Sampling Technique", Exceptional Children. Vol. 43, No. 7. April, 1977, pp. 414-420.

Steinwachs, Barbara, "The Helping Hand Strikes Again", "The End of the Line," Extension Coming Service, University of Michigan, Ann Arbor, Michigan

"Observational Guidelines For the SEEC Miniwheel and Maxiwheel of Developmental Milestones," 804 West Bode Road, Schaumburg, Illinois 60193

Teacher Observation Form, Model Preschool Center for Handicapped Children. Experimental Education Unit, Child Development and Mental Retardation Center, University of Washington, Seattle, Washington 98195

Suggestions Relating to

Observation and Recording Behavior

Remember

--Behavior is not just inappropriate behavior but rather all actions, responses, and activities of the individual.

Observation

--Identify a specific goal(s) of observation
--Locate self inconspicuously--preferably off to one side or rear of class but enabling as full a view as possible without moving
--Do not participate in group activities either verbally or otherwise
--Preferably concentrate observation on one child at a time
--Make a sufficient number of observations in order to gather accurate and complete data
--If questioned by children about your activity, be honest, e.g., "I'm writing notes about what you're doing" - "Why?" - "Because I'm interested."

Recording

--Record accurate identifying information, i.e., name, age, location, date
--Take note of incidental factors relating to the child at the time of the observation (e.g., unusual health condition)
--Record only observed behaviors
--Do not make inferences about your observations
--Do not record your interpretations of observed behavior
--Make no reference about a child in the presence of another child
--Keep observation and information confidential--Discuss this only with any individuals who are directly or indirectly related to serving that child
--Record specific observations including:
  --child's reaction to peers (also note specific situation)
  --facial expressions
  --body postures (unusual)
  --gestures
  --specific interests (i.e., games, activities, materials) of the child--as observed
  --all other behaviors which may possibly provide relevant information about the child

Reference: Cohen, D. H. & Stern, V. Observing and Recording the Behavior of Young Children. New York: Teachers College Press, 1958.
Provided by Collier County Public Schools, Florida.

## SUMMARIZED CLASSROOM CHECKLISTS

Joyce Evans, Ph.D.
Southwest Educational Development Laboratory
211 East Seventh, Austin, Texas 78701

### GENERAL INFORMATION

Child's Name_____ Birth-date_____ Age___

Emergency contacts:

Has child had any recent operations? If yes, describe:

Has child had any recent serious illnesses? If yes, describe

Does child have tubes in his/her ears?

Is child taking any medicine while in school? If yes, attach written permission.

Required immunizations and dates:

Other information:

### (S/L) SPEECH/LANGUAGE CHECKLIST

In comparison to other children of the same age:

__Seldom or never speaks
__Makes no sounds __Speaks only to 1 person
__Makes sounds, no words __Seems to want to talk
__Seldom speaks to anyone __Seems withdrawn
__Speaks only to adults __Speaks only to children

__Talks like a much younger child
__Cannot name common objects __Uses single words
__Speaks in unusually short sentences/phrases
__Leaves out words __Uses "baby-talk"

__Is difficult to understand
__Speech cannot be understood
__Mispronounces/omits certain sounds. Which?
__Mispronounces/omits certain words. Which?
__Frequently repeats words/sounds

__Difficulty expressing ideas through speech
__Uses gestures instead of words
__Repeats questions or echos others
__Gives incomplete or wrong answers

__Seems bothered by speech problem. Explain.

Associated problems:
__Hearing problems __Missing teeth
__Frequent colds, coughs, etc. Other _____

### GENERAL CHECKLIST Date:_____ Date:_____

When compared with other children of the same age:
__Frequently ill, complains of pain, tiredness (H)
__Unusually hungry, thirsty, over/under weight (H)
__Frequent/severe cuts, bruises, sores, rashes (H)
__Seems to have eye problems/difficulty seeing (V)
__Seems to have ear problems/difficulty hearing (Hr)
__Seldom or never speaks (S/L,Hr,B)
__Talks like much younger child (S/L,Hr,L)
__Speech is difficult to understand (S/L,Hr)
__Expresses ideas poorly (S/L,Hr,L)
__Uses toys/manipulatives inappropriately (L, B,V,M)
__Awkward/inadequate use of toys/manipulatives. (L,B,M)
__Unusually clumsy or awkward (M)
__Noticeably uneven development (L)
__Consistently acts like much younger child (L,B,M)
__Easily upset/frustrated; avoids activities (L,B)
__Does not get along with others (B,L)
__Extreme difficulty attending/learning (All)
__None of the above describe this child
Other _____

### (M) MOTOR CHECKLIST

As compared to other children of the same age:
__Unusually clumsy or awkward in using feet/legs
__Poor posture __Stumbles or falls frequently
__Walks stiff-legged __Legs twitch, jerk, tremble
__Toes in (pigeon-toed) __Toes out
__Walks on tiptoes most of the time
__Has extreme difficulty in:
__Walking __Running __Jumping
__Hopping __Skipping __Kicking a ball
__Has extreme difficulty in:
__Moving arms in circle __Throwing
__Catching __Swinging a rope
In using toys or manipulatives, has difficulty in:
__Picking up objects with thumb & forefinger
__Stacking one-inch cubes __Stringing beads
__Putting peg in a hole __Holding crayon/pencil
__Cutting with scissors __Using fork/spoon

Corrective shoes
Does child wear corrective shoes?
May child go barefoot?

# Summarized Classroom Checklists

**(H) HEALTH CHECKLIST**

Visible signs of health problems:
Skin: __Unusually pale __Sores (Where?)
__Dark circles under eyes
__Itching, rash, wounds, injuries (Where?)
Head, Mouth, Neck:
__Lice __Decayed teeth __Sores
Limbs, extremities:
__Deformity __Bluish tinge to nails
__Infections __Walks on tiptoes, stiff-legged
Respiratory problems:
__Runny nose __Coughing __Sore throat
__Mouth breathing __Difficult/wheezy breathing
Diet and eating:
__Extremely underweight; __Overweight
__Excessively hungry; __Thirsty
__Sudden loss of weight (Describe)
__Eats nonfoods (What?)
Restroom behavior:
__Frequent bowel movements (Diarrhea)
__Infrequent bowel movements (Constipation)
__Frequent/painful urination
__Vomiting __Scratching anal area (pinworms)
Behaviors indicating health problems:
__Frequent absence __Excessive fatigue
__Listlessness __Unusual irritability
Complaints of: __headaches, __earaches,
__stomach aches

Other:_____

**(B) BEHAVIOR CHECKLIST**

Frequent or extreme undesirable or unpleasant behavior:
__Crying __Frequent mood changes
__Tantrums __Has trouble changing activities
__Restless __Frequently angry/irritable
__Fearful __Anxious __Tense
__Withdrawn __Seldom smiles or laughs

Describe situation and frequency for any of the above:

Destructive behavior:
__Trys to hurt self __Trys to hurt others
__Intentionally destroys objects, toys, etc.
Describe situation and frequency:

Does not get along with other children/adults:
__Hits or fights with other children
__Yells or calls names
__Avoids other children; does not interact
__Hits or fights with adults
__Clings to adults
__Avoids adults; does not interact

Other problems:

**(V) VISION CHECKLIST**

Seems to have something wrong with eyes:
__Red, swollen eyelids, or crusts and sores
__Red, watery or cloudy eyes
__Complains of pain, burning, itching, watering
__Eyes do not appear to work together
__One eye "wanders". When?
__Eyes "cross" toward nose. When?

Seems to have trouble seeing:
__Peers intently or squints frequently
__Leans very close to work __Rubs eyes often
__Tilts head or closes one eye
__Bumps into things; trips over objects
__Holds books, pictures, materials at unusual angle, sideways, or upside down
__Becomes restless/irritable when doing close work

Other problems:

**(Hr) HEARING CHECKLIST**

Seems to have something wrong with ears:
__Complains of earaches __Drainage/odor from ears
__Tugs, pulls, scratches ears __Wax, dirt, object in ear
Seems to have trouble hearing or understanding:
__Does not react to sudden noises
__Uses gestures instead of talking to communicate
__Watches speakers face very closely
__Asks for frequent repetitions (Huh? What?)
__Unusual voice: __Extremely soft
__Unusually loud __Monotone
__Appears inconsistent in hearing or listening

Associated problems:
__Frequent colds, sore throat, severe allergies
__No speech __Speech problems
__Changes in behavior after absence or illness
__Dizziness, nausea, unsteadiness

Other:

**(L) LEARNING CHECKLIST**

Unusual slowness or immaturity in learning.
When compared with other children of the same age, the child less able in activities
__Playing with blocks, puzzles, manipulatives
__Playing with other children
__Doing art activities __Playing games
__Looking at books __Listening to stories
__Doing finger plays and singing games

Signs of stress in some learning situations:
__Shows little interest in activities. Which ones?
__Becomes tense, hyperactive, frustrated easily
__Refuses to try. Explain.
__Seldom or never finishes
Uneven development: Child does well in some activities, but not in others. Explain:

Other:

OCD/BEH COLLABORATIVE PROJECT WITH HEAD START
MODEL PRESCHOOL CENTER FOR HANDICAPPED CHILDREN
EXPERIMENTAL EDUCATION UNIT
CHILD DEVELOPMENT AND MENTAL RETARDATION CENTER
UNIVERSITY OF WASHINGTON

# Teacher Observation Form for Identifying Children Who May Require Additional Services

Working Draft
July, 1975

These materials were developed with the help of professionals from the following disciplines: communication disorders, nursing, nutrition, occupational and physical therapy, pediatrics, and special education. The materials were developed by the staff of the OCD/BEH Collaborative Project with Head Start, Seattle, and of the Model Preschool Center for Handicapped Children, EEU, CDMRC, University of Washington, in part through funds awarded under Grants Nos. OCD-H-0052-C.HO and OEG-072-5371. Dr. Alice H. Hayden is the Director of the Model Preschool Center for Handicapped Children and of the OCD/BEH Collaborative Project with Head Start; Sam Delaney is the Co-Director of the OCD/BEH Collaborative Project with Head Start.

OCD/BEH COLLABORATIVE PROJECT WITH HEAD START
MODEL PRESCHOOL CENTER FOR HANDICAPPED CHILDREN
EXPERIMENTAL EDUCATION UNIT
CHILD DEVELOPMENT AND MENTAL RETARDATION CENTER
UNIVERSITY OF WASHINGTON

# Teacher Observation Form for Identifying Children Who May Require Additional Services

## Introduction

No single teacher or other classroom worker should be expected to provide all of the services needed by children with special problems. The Teacher Observation Form was developed to assist teachers in: (1) identifying all of the children in their program who may need services that cannot be provided in the classroom; and (2) organizing their observations about children whom they refer for special services so that they can provide useful information to the referral agency or team. The information that teachers provide to professionals who perform additional services will be especially valuable -- not only to the professional, but ultimately to the child receiving services. When teachers "pinpoint: their concerns about a child -- when they document the conditions under which certain behaviors occur -- that helps the professional team to develop an appropriate treatment program for the child.

## Some Notes About Using This Form

The "red flag". This form is only one of several observation devices that you can use in collecting information about the children in your program. Its main purpose is to help you in identifying needs that have not been identified before. It should be considered only the first step in an overall program of systematic observation and assessment of children's performance over time. In a sense, then, it is a "red flag" -- it can call to your attention children's behaviors that require much more careful observation and ongoing assessment. It can send you a signal that something may be wrong.

S.O.S.! -- or -- Wait and watch? We wish it were possible to build into this form a surefire formula for deciding when -- that is, after how many observations -- it is necessary to refer a child for additional services. But of course there is no way to develop such a formula. The questions on the form ask about very different kinds of behavior: some may require urgent attention while others can wait while you carefully observe them over time. For instance, "complaining of earache" (question 28) is potentially very serious and requires immediate attention. A child may suffer some hearing loss if an ear infection goes untreated, and it is important to find out whether that earache is the symptom of an ear infection. Similarly, dizziness,

feverish forehead, and other potential signs of illness should be referred right away -- either to the nurse, if your program has a nurse, or to the child's family, so that they can take him/her to their family doctor or clinic.

But other behaviors need to be watched carefully over time.

For example: If your preliminary observations tell you that Jack really does have two tantrums a day (question 20), then that is the "red flag" that alerts you to begin some intensive, systematic observation and assessment of these tantrums and the conditions under which they occur. Can the conditions be changed? You need to have time to examine these behaviors to find whether something happening in the classroom is causing them -- something that can be changed to reduce or eliminate the tantrums. If you find, after careful and systematic observation, that Jack's tantrums resist all of your efforts to change conditions and are so disruptive to other children that no learning can occur, it is time to seek additional services.

Another example: Suzy is not "using two- and three-word phrases to ask for what she wants" (question 1). You need time to find out whether Suzy is not using phrases because she really cannot do so, or whether she has simply never needed to use them or been expected to do so. Perhaps she has always got what she wanted merely by pointing to the object or by saying only one word. She may need some prompting from you, the other adults in the class, and her classmates to elicit her verbal requests for what she wants. However, if these verbal requests are not forthcoming even after you have tried to elicit them, it is time to refer Suzy to an appropriate professional or team for help.

Once again, the Observation Form has been a red flag alerting you to conditions that need to be watched and assessed more carefully. You are the best judge of when you have watched long enough to know that services outside the classroom are necessary.

How often should this form be used? These observations, like assessment, really involve a continuous process. As we said, they are a part of your first step in identifying problems and seeking assistance to remediate them -- but this is a first step that has to be taken often. The reason for continuous observation is that behavior is always fluid and changing -- and some of the changes may be signals that there is a problem. Moreover, some children do not have merely one problem -- they may have numerous problems, but not all of the problems surface at once. Indeed, a child with a handicapping condition may have secondary or associated problems that are very slow to develop and hard to detect -- but they need to be identified and remediated. Here again, it is not possible to give a surefire rule or formula that can tell you exactly how often to use this observation form. Rather,

we believe that once you know the kinds of behaviors it identifies and the questions it asks, you will find that these questions occur to you naturally as you continue to watch the performance of children in your program. This form should help you to organize the information that you collect.

Finally -- one surefire formula. We have found that teachers are very capable of identifying persistent problems that need referral to other professionals. We therefore believe that your concerns should be expressed and should receive serious attention. The one rule of thumb we suggest is that it is better to over-refer. If something about a child's behavior is a continuing cause for concern, it is important to share that concern with those who can assist in remediating the problem. We hope that this form helps you in collecting and organizing referral information.

OCD/BEH COLLABORATIVE PROJECT WITH HEAD START
MODEL PRESCHOOL CENTER FOR HANDICAPPED CHILDREN
EXPERIMENTAL EDUCATION UNIT
CHILD DEVELOPMENT AND MENTAL RETARDATION CENTER
UNIVERSITY OF WASHINGTON

# Teacher Observation Form for Identifying Children Who May Require Additional Services

Child's Name:_____ Birth Date:_____

Date:_____ Teacher's Name:_____

| LANGUAGE | YES | NO | SOMETIMES |
|---|---|---|---|
| 1. Does the child use two-and three-word phrases to ask for what he wants? | | | |
| 2. Does the child use complete sentences to tell you what happened? | | | |
| *3. When the child is asked to describe something, does he use at least two or more sentences to talk about it? | | | |
| 4. Does the child ask questions? | | | |
| 5. Does the child seem to have difficulty following directions? | | | |
| 6. Does the child respond to questions with the right answers? | | | |
| 7. Does the child seem to talk too softly or too loudly? | | | |
| 8. Are you able to understand the child? | | | |
| **LEARNING** | **YES** | **NO** | **SOMETIMES** |
| 9. Does the child seem to take at least twice as long as do the other children to learn pre-academic concepts? | | | |
| 10. Does the child seem to take half the time needed by other children to learn pre-academic concepts? | | | |
| 11. Does the child have difficulty attending to group activities for more than five minutes at a time? | | | |

* Question applies if child is four years or older.

| LEARNING | YES | NO | SOMETIMES |
|---|---|---|---|
| 12. Does the child appear extremely shy in group activities; for instance, not volunteering answers or answering questions he is asked, even though you think he knows the answers? | | | |
| **MOTOR** | **YES** | **NO** | **SOMETIMES** |
| 13. Does the child continuously switch a crayon back and forth from one hand to the other when he is coloring? | | | |
| 14. Do the child's hands appear clumsy or shaky when he is using them? | | | |
| 15. When the child is coloring with a crayon, does the hand that he is not using appear tense (for instance, clenched into a fist)? | | | |
| 16. When the child walks or runs, does one side of his body seem to move differently from the other side? For instance, does the child seem to have better control of the leg and arm on one side than on the other? | | | |
| 17. Does the child seem to fear or not be able to use stairs, climbing equipment, or tricycles? | | | |
| 18. Does the child stumble often or appear awkward when he moves? | | | |
| *19. Is the child capable of dressing himself except for tying his shoes? | | | |
| **SOCIAL** | **YES** | **NO** | **SOMETIMES** |
| 20. Does the child engage in at least two disruptive behaviors a day (tantrums, fighting, screaming, etc.)? | | | |
| 21. Does the child appear withdrawn from the outside world (fiddling with pieces of string, staring into space, rocking his body, banging his head, talking to himself, etc.)? | | | |
| 22. Does the child play alone and seldom talk to the other children? | | | |

* Question applies if child is four years or older.

| SOCIAL | YES | NO | SOMETIMES |
|---|---|---|---|
| 23. Does the child spend most of the time trying to get attention from the adults? | | | |
| 24. Does the child have toileting problems at least once a week (wet or soiled)? | | | |
| **VISUAL OR HEARING** | **YES** | **NO** | **SOMETIMES** |
| 25. Do the child's eye movements appear jerky or not coordinated? | | | |
| 26. Does the child seem to have difficulty seeing objects?<br>For instance, does he:<br>tilt his head to look at things?<br>hold objects close to his eyes?<br>squint?<br>show sensitivity to bright lights?<br>have uncontrolled eye-rolling?<br>complain that his eyes hurt? | | | |
| 27. Does the child appear awkward in tasks requiring eye-hand coordination such as pegs, puzzles, coloring, etc.? | | | |
| 28. Does the child seem to have difficulty hearing?<br>For instance, does he:<br>consistently favor one ear by turning the same side of his head in the direction of the sound?<br>ignore, confuse, or not follow directions?<br>pull on his ear or rub his ear frequently or complain of earache?<br>complain of head noises or dizziness?<br>have a high or very low or monotonous tone of voice? | | | |
| **GENERAL HEALTH** | **YES** | **NO** | **SOMETIMES** |
| 29. Does the child seem to have an excessive number of colds? | | | |
| 30. Does he have frequent absences because of illness? | | | |
| 31. Do his eyes water? | | | |
| 32. Does he have discharge from:<br>his eyes?<br>his ears? | | | |

| GENERAL HEALTH | YES | NO | SOMETIMES |
|---|---|---|---|
| 33. Does the child have sores on his body or head? | | | |
| 34. Does the child have periods of unusual movements (like rapid eye blinking) or "blank spells" which seem to appear and disappear without relationship to the social situation? | | | |
| 35. Does he have hives or rashes? | | | |
| Does he wheeze? | | | |
| 36. Does he have a persistent cough? | | | |
| 37. Is he excessively thirsty? | | | |
| Ravenously hungry? | | | |
| 38. Have you noticed any of the following conditions: | | | |
| constant fatigue? | | | |
| irritability? | | | |
| restlessness? | | | |
| tenseness? | | | |
| feverish cheeks or forehead? | | | |
| 39. Is the child overweight? | | | |
| 40. Is he physically or mentally lethargic? | | | |
| 41. Has he lost weight without being on a diet? | | | |

DIAGNOSTIC CRITERIA FOR REPORTING
HANDICAPPED CHILDREN IN HEAD START

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses.

Blindness
A child shall be reported as blind when any one of the following exist: (a) child is sightless or who has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment (handicap)
A child shall be reported as visually impaired if the central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. *Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.*

Deafness
A child shall be reported as deaf when any one of the following exist: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness in the State of residence.

Hearing Impairment (handicap)
A child shall be reported as hearing impaired when any one of the following exist: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

*Multiple Handicaps
*Children will be reported as having multiple handicaps when in addition to their primary or most disabling handicap one or more other handicapping conditions are present.*

Physical Handicap (Orthopedic Handicap)
A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of

gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or disease; these conditiitons include for example spina bifida, loss of or deformed limbs, burns which cause contractures, cerebral palsy.

Speech Impairment (Communication Disorder)
A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. *This category excludes conditions of a transitional nature consequent to the early developmental process of the child.*

Health or Developmental Impairment
These impairments refer to *illnesses of a chronic nature or with prolonged convalescence* including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe anemia, or malnutrition, diabetes, or neurological disorders.

Mental Retardation
A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. *In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low IQ is never by itself sufficient to make the diagnosis of mental retardation.)*

Serious Emotional Disturbance
A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include but not be limited to the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, depressed or phobic, psychotic or autistic, hyperactive to the extent that it affects adaptive behavior or severely anxious.

Specific Learning Disabilities
Children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Diagnostic Criteria for Reporting Handicapped Children in Head Start

Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. *For preschool children precursor functions to understanding and using language spoken or written and computational or reasoning abilities are included.* (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least Master's degree level special educators with evidence of special training in the diagnosis of learning disabilities.)

OCD-HS Transmittal Notice 9-11-75: Announcement of Diagnostic Criteria fro Reporting Handicapped Children in Head Start
TN 75.11

## CHARACTERISTICS OF THE BEHAVIOR DISORDERED CHILD

In order for these behaviors to be significant, they must occur frequently, with a high intensity and over a long period of time. Occasionally, all children exhibit these behaviors but they only become a problem when they are extreme.

1. Lying, cheating, stealing
2. Does not like being touched
3. Inappropriate laughing or crying
4. Forgetfulness
5. Unorganized approach to assignments
6. Cannot express feelings
7. Difficulty establishing personal relationships
8. Tries to manipulate people and/or situations
9. Hyperactive
10. Resistant to school attendance (may include school phobia)
11. Repetitive body movements, rocking, hand-flapping
12. Seems to fail in order to get attention
13. Self-isolation, aloofness, or withdrawal
14. Ticks, twitches, "jerky" movements
15. Ritualistic, unusual behavior
16. Aggressive towards people and property
17. Short attention span
18. Fears failure
19. Seeming insensitivity to pain
20. Avoids new experiences
21. Obscene language, cursing, sex talk
22. Does not complete tasks
23. Perseveration
24. Avoids participation in groups with adults or children
25. Pays more attention to objects than people
26. Immature behavior (inconsistent with chronological age)
27. Avoidance of eye contact, looking through or past people
28. Refusal to verbalize
29. Abnormal fears or lack of appropriate sense of fear
30. Problems with feeding, sleeping, toileting refusals
31. Self-mutilation, head-banging
32. Limited speech or echolalia
33. Easily frustrated, lacks motivation, lacks interest, apathetic
34. Overt masturbation, sexual aggression
35. Resistant to discipline, directions, and/or structure
36. Poor academic achievement
37. Physical complaints
38. Unusual language content (bizarre, strange, fantasy)
39. Suspicious
40. Jealous

(Adapted from: Referral Form Checklist, The Rutland Center, Athens, Georgia)

## CHARACTERISTICS OF THE HEARING IMPAIRED CHILD

1. Cannot express feelings
2. Self-isolation or withdrawal
3. Short attention span
4. Avoids participation in groups
5. Talks too loudly or too softly
6. Limited or impaired speech
7. Unusual voice quality such as lack of inflection, distortion, monotone or guttural
8. Receptive and expressive language generally retarded
9. Easily frustrated
10. Often listens with head tilted to one side
11. Poor academic achievement
12. Poor listening skills
13. Does not respond when he is not looking at you
14. Often wants to sit in the front or next to the person who is speaking
15. May not respond to alarms such as fire drills, etc.
16. Immature behavior
17. Lacks motivation, apathetic, lacks interest
18. Appears to be disoriented and confused
19. Hyperactive
20. Often noisy - shuffling of feet, dragging feet, slamming books on table
21. Refusal to verbalize
22. Resistant to directions
23. Pays more attention to objects than people
24. Uses gestures to express himself
25. Unappropriate and atypical laughing
26. Scans and contacts his environment through vision
27. Sensitive to visual stimuli which are used to interpret situations because of auditory deficiency

## CHARACTERISTICS OF THE SPEECH IMPAIRED CHILD

The main characteristic of a speech impairment is that the child's speech is noticeably different from other children his age.

1. Articulation

| | |
|---|---|
| Omissions | - The speaker may omit sounds in any position. Examples: at for sat, shoe for shoes or liary for library. |
| Substitutions | - The speaker may put in incorrect sounds. Examples: fumb for thumb, wed for red. |
| Distortions | - The speaker does not clearly say a sound. Examples: The slushy sound produced when the child sucks in air when attempting to make an 's' sound. |
| Additions | - The speaker adds sounds. Example: counch for couch. |
| Stuttering | - The speaker may hesitate, repeat, prolong or block sounds. In addition to the difficulty in speaking in rhythm, the speaker may blink his eyes, stamp his feet, play with buttons, make a fist, grimace or do some other consistent body activity when trying to speak. |

2. Voice

| | |
|---|---|
| Pitch | - The speaker may consistently speak in a voice higher or lower than normal. |
| Loudness | - The speaker's voice may be consistently too loud or too soft. |
| Quality | - The speaker may consistently have a breathy, harsh, hoarse or nasal sounding voice. |
| Duration | - The speaker may take a longer or shorter period of time to say sounds or words or before pauses. |

Child Care and Development Occupations: Competency Based Teaching Modules: #24 Exceptional Children, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, Stock No. 1780-01360.

## CHARACTERISTICS OF THE PHYSICALLY HANDICAPPED CHILD

1. Unable to suck properly (infant)
2. Difficulty sitting, pulling up, crawling or walking
3. Temperature may suddenly go very high, he may develop a rash and he may feel pain or tenderness in one or more joints
4. Tingling sensations in fingers, hands or feet
5. Unexplained weight loss
6. After learning, begins to be unable to drink through a straw
7. Poor speech
8. An unusual gait when walking
9. Poor balance
10. Unusual movements over which he appears to have no voluntary control

## CHARACTERISTICS OF THE CHRONICALLY ILL CHILD

1. Seems to be unable to get rid of a cough or cold
2. Fails to gain weight
3. Frequently complains of pains in a specific place
4. Rapid breathing or wheezing
5. Stomach may become swollen
6. Seems to become dizzy
7. A birthmark or mole that changes in appearance
8. Nausea or vomiting for no apparent reason
9. Habits may change
10. Bloody discharge of any type
11. Parents may comment that a child tastes salty when kissed

Adapted from: Childcare and Developmental Occupations: Competency Based Teaching Modules, Atlanta Public Schools, Atlanta, Georgia

## Characteristics of the Learning Disabled Child

1. Can the child listen and then follow directions?
2. a. Can he color within lines?
   b. Does he get the gestalt of the picture being colored, or does he color the parts of a picture as though they are unrelated?
3. a. Can he cut on a line?
   b. Does he hold the scissors properly?
4. Can he work puzzles?
   a. Simple?
   b. Difficult?
5. a. Does he like to paint?
   b. Can he handle the mechanics of painting?
6. Can he sort blocks?
   a. By color?
   b. By shape?
   c. By size?
7. Can he mold clay?
8. a. Can he match pictures?
   b. Can he match letters?
   c. Can he match words?
9. Can he reproduce a block design?
10. Can he sort objects and pictures according to categories?
11. Can he make associations by matching the objects or pictures which belong together, such as ball and bat, cow and milk, apple and tree, letter and mailbox?
12. Compare the pictures he draws of people with the pictures drawn by the rest of the class.
    a. Check for completeness of figure.
    b. Are the parts of the body proportionate to the whole?
    c. Are the parts accurately placed?
13. What is his attention span--
    a. When listening to stories and music?
    b. When participating in a group activity?
    c. When using construction toys?
14. a. Is he hyperactive?
    b. Is he withdrawn?
15. Is he distractible?
16. Does he do or say the same thing over and over or color things all the same color?
17. Does he use single words, phrases, or sentences?
18. Does he use appropriate grammar?
    a. Does he use a wrong pronoun such as, "Me will do it"?
    b. Does he use a wrong verb such as, "I does it"?
    c. Does he use a combination of the above as, "Me does it"?
    d. Other.
19. Does he use correct articulation?
20. Does he have difficulty in word finding?
21. Is there jerkiness or arrhythmicity in--
    a. The smaller muscles of the hand?
    b. The smaller muscles of the tongue and mouth?
22. Does the child know right from left--not mirror?
23. Does he have a preferred hand? If so, which hand is preferred?
24. Is he clumsy and awkward?
25. Is he a loner?

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## CHARACTERISTICS OF THE VISUALLY IMPAIRED CHILD

1. Crusts on eye lids among lashes
2. Red eyelids
3. Recurring styes or swollen lids
4. Watery eyes or discharges
5. Lack of coordination on directing gaze of the two eyes
6. Reddened conjunctiva
7. Sensitivity to light
8. Rubs eyes frequently
9. Attempts to brush away blur
10. Has dizziness, headaches, or nausea following close work
11. Is inattentive to chalkboard, wall-chart or map lessons
12. Complains of itchy, burning or scratchy eyes
13. When looking at distant objects:
    a. holds body tense
    b. contorts face in attempt to see distant things clearly
    c. thrusts head forward
    d. squints eyes excessively
14. When reading:
    a. blinks continually
    b. holds book too far from face
    c. holds book too close to face
    d. makes frequent change in distance at which book is held
    e. is inattentive during lesson
    f. stops after brief period
    g. shuts or covers one eye
    h. tilts head to one side
    i. tends to reverse words or syllables
    j. tends to look cross-eyed
    k. tends to lose place on page
    l. confuses the following in reading or spelling:
       o's and a's, e's and c's, n's and m's, h's and n's and r's, f's and t's

(Adapted from Vision Screening of Children, Georgia Department of Human Resources.)

UNIT II: Identification Process

TOPIC: C. Interpretation of Educational/Developmental Assessment Information

PURPOSE: To assist the participants in enabling the trainees to build a knowledge base for interpretation of educational/developmental assessments in terms of immediate remediation or for further assessment needs.

LEARNING OBJECTIVES: At the end of this session the participants should be able to:

1. Identify the strengths and weaknesses indicated by the results of the assessment data.
2. Cite an example of a remediation technique for weakness indicated and resources for techniques.
3. Determine if additional assessment is necessary.
4. Use workshop format and suggested strategies to assist trainees in meeting objectives 1-3 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS: Transparency: Any assessment instrument used by agency.
Handout: Interpretation of Educational/Developmental Assessment Information: Points to Consider

FORMAT: Discussion of sample assessment.
Demonstration of a remediation technique for one indicated weakness from sample assessment.
Participants will break into groups and demonstrate one technique from sample assessment. Groups will be divided by areas, e g., motor, language, etc.

SUGGESTED STRATEGIES:

1. Inservice training on administration of assessment instruments.
2. Have trainees administer selected assessment instruments while trainer observes.
3. Use a professional evaluator to consult on interpretation.
4. Make a video tape of administration of and interpretation of assessment instruments.
5. Make a profile of assessment information obtained, discuss interpretation and planning.
6. Have trainers outline procedures for interpretation of educational developmental assessment information.

READINGS AND MATERIALS: Quick, A. D. and Campbell, A. A., Lesson Plans for Enhancing Preschool Developmental Progress, Kendall Hunt Publishing Co., Dubuque, Iowa, 1976.

Unit II: Identification Process

Quick, A. D. and Campbell, A. A., Project Memphis-Enhancing Developmental Progress in Preschool Exceptional Children, Lear Siegler, Inc., Belmont, CA. 1974

Meier, J. H., and others, Administration Scoring and Interpretation Manual with Remedial Suggestions. (ILDCSI), Publishers Learning Pathways, Inc. Evergreen, Colorado 1970

## Interpretation of Educational/Developmental Assessment Information

### POINTS TO CONSIDER:

After a teacher has administered an assessment instrument, there is a definite need to know how to interpret and plan from information she has obtained.

1. Can the teacher identify the child's strengths and weaknesses?
2. Can the teacher do a task analysis of the item(s) the child failed?
3. Can the teacher incorporate remediation of that weakness into the child's individual plan?
4. Can the teacher build on his strengths and positive points to remediate his weaknesses?
5. Does the teacher know if more in-depth assessment is necessary?
6. Does the teacher know what resources are available to help identify remediation techniques? Activities? Curriculum guides?

UNIT II: Identification Process

TOPIC: D. Parent Contact

PURPOSE: To provide the participants with a broad awareness of the importance for parent involvement during assessment and during the identification process for suspected handicaps; and to enable the participants to relate techniques to the teachers for utilizing parent information.

LEARNING OBJECTIVES: At the end of this session the participants should:

1. Be aware of the role the parent liaison assumes in informing the parents of their rights and responsibilities in accordance with OCD performance standards and PL 94-142.
2. Be aware of methods used in eliciting educational, medical, and developmental information from parents which may lead to the identification of suspected handicaps.
3. Recognize the need to synthesize information obtained from teacher assessment and screening with information obtained from parents to aid in identifying potential problem areas for referral.
4. Be aware of the importance of teacher referral of observed problem areas in discussion with parents for referral of their child. In addition, be aware of parent reactions to the request for referral.
5. Be able to use workshop format and suggested strategies to assist teachers in meeting objectives 1 - 4 and meeting the overall prupose of this topic.

HANDOUTS AND MATERIALS:

Handout: The Decision to Refer
Handout: Parent Reactions
Handout: Parent Participation Form
Handout: Parent Priorities Form
Handout: Summarized Parent Checklists
Sample: Parent Interview Form
Transparencies: Parent Assessment, Teacher Assessment, Same Instrument (e.g., Burks')

FORMAT: Discussion through the use of transparencies of of same assessment instrument completed by both parent and teacher discuss learning objective # 3.

SUGGESTED STRATEGIES:

1. Staff development activities by parent coordinator relating to parent/teacher involvement.

SUGGESTED STRATEGIES: Cont'd.

2. Program orientation for parents during the beginning of school relative to expected participation responsibilities and parent rights.
3. Role playing: situations involving completion of parent interview for screening or obtaining developmental/medical history; situations involving difficult parent reactions.
4. Obtain parent information and compare with teacher assessment for identifying inconsistent behavior patterns.
5. Utilize parents to assist with mass or individual screening (e.g., DIAL).
6. Show films on normal child development.

READINGS AND MATERIALS:

Cansler, D. P. and G. H. Martin. Working With Families: A Manual for Developmental Centers. CEC Head Start Information Project, Reston, VA. 22091, 1974.

Evans, Joyce. "Summarized Parent Checklists", Southwest Educational Development Laboratory, 211 East Seventh, Austin, Texas 78701.

Honig, Alice S. "Parent Involvement in Early Childhood Education." National Association for the Education of Young Children, Washington, D. C. 1975.

Kutac, Ethel M., "Observation Training for Parents", The Austin Early Childhood Special Education Program, Outreach Project, 2710 Exposition Blvd., Austin, Texas 78703.

Lillie, D. L. and P. L. Trohanis. Teaching Parents To Teach. Walker and Co., 720 Fifth Ave., New York, 1976.

"Part of a Team: The Delivery of Social Services Within a Preschool Special Education Setting", a replication module, The Ochlocknee Multi-Handicapped Outreach Project, 1977, P. O. Box 110-A, Ochlocknee, Georgia 31773.

Project: Kids, "Family Information Form", Dallas Independent School District, 3801 Hershel, Dallas, Texas.

Working With Parents of Handicapped Children. Handicapped Children in Head Start Series, CEC, Reston, VA.

## The Decision to Refer

When making a decision to discuss referral of a child for special services with his parents.....REMEMBER

AS A TEACHER OF YOUNG CHILDREN YOU ALONG WITH PARENTS MAY BE ABLE TO DISCOVER AT AN EARLY STAGE PROBLEMS THAT MAY AFFECT THE CHILD"S ABILITY TO PROGRESS NORMALLY IN SCHOOL.

IF PROBLEMS CAN BE IDENTIFIED EARLY THERE IS A MUCH BETTER CHANCE THE CHILD CAN BE HELPED TO OVERCOME THEM BEFORE HIS LEARNING IS SERIOUSLY AFFECTED.

IF PROBLEMS ARE DISCOVERED THE DAY CARE CENTER MAY STILL WORK WITH THE CHILD IN CONJUNCTION WITH SPECIAL SERVICES TO ENHANCE OVERALL DEVELOPMENT AND ENSURE CONSISTENCY BETWEEN PROGRAMS.

## Working With Parents

1. Establish a relationship of mutual honesty and respect.
2. Know the nature of the services available, the limits of services and the obligations of the program staff and of the parents.
3. Tell the parents what tests can be obtained and find out if it will be a financial problem and make appropriate recommendations.
4. Call a consultant and give factual observations about the child (without giving identifying information). He may be willing to make some recommendation regarding referral. But always discuss your concerns about the child with the parent before singling that child out for evaluation.
5. Be prepared to explain with examples, the reason for referral for specialized testing.
6. The most important thing to remember is to talk about what he can and cannot do, never about what you think might be wrong with him. DO NOT USE LABELS.
7. Do not insist, let them know your concern and that the best way to help is to refer them to people who know more about their situation than you do.
8. Learn to be nonjudgmental of parents.
9. Remember that your request for referral may be the parents first indication that all is not going well for their child.
10. Emphasize that the referral is for evaluation only and that all matters relative to that child and family are held in strictest confidence.

When you do feel the need to talk with parents about their child, first think carefully about the meeting, about each parent individually, and think of all the ways you can make each parent confortable and at ease. Be prepared for any reaction they may have to your request and prepare yourself to deal with it.

Portions of this material were taken from WORKING WITH PARENTS OF HANDICAPPED CHILDREN, The Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091.

## Parent Reactions to Referral

| Reaction | Suggested course of action |
|---|---|
| Refuse to believe there is a problem: (They really wish very much the problem would go away) | Listen carefully - the parents may be right.<br><br>Tell the parents specifically what the child does that concerns you, stating facts, not opinions.<br><br>If parents are unable to recognize a problem that is clear to you, you might want to ask them to visit for a day.<br><br>If you see rejection (seem unconcerned or too busy to talk about the child) it may be a stage of acceptance they are in and may need referral to someone who can help them with their feelings. |
| Become angry. | Stay calm - do not let your feelings become hurt.<br><br>Assure them that you are trying to find ways to help the child and would welcome suggestions from them.<br><br>Let them know you respect them and their opinions and want to help their child in any way you can. |
| Wanting to blame someone. | Be ready to listen - they may tell you things that will help you.<br><br>Remember it does not help to argue with parents or point out why their reasons are not sufficient to explain the problem.<br><br>Help them understand that your main interest is not in why the child is having trouble but in <u>how to help</u> him overcome it. |

| Reaction | Suggested course of action |
|---|---|
| Feeling guilty | Be patient and do not argue with them.<br><br>Assure them you know they are doing their best for the child.<br><br>Listen to the parents and be sure you do not sound as though you blame them for their child's problem. |
| Looking for a cure. | Say that until some other solutions to the problem are discovered you want to find the best possible way to help the child learn. |
| Worry and fear about the future. | If asked about graduation from high school, going to college, the first grade, remember you cannot answer their questions because the child's future is uncertain.<br><br>You may help by telling them the progress now and emphasizing the things the child can do. But do not make promises that can't be kept.<br><br>Know something about normal childhood development so that you can help dispense unfounded worries.<br><br>Help these parents learn to worry less or the child may begin to worry about himself. |
| Accepting the situation. | Knowing what he can do and being proud of his successes.<br><br>Being aware of what he cannot do and giving him the help he needs.<br><br>Helping him feel independent and letting him learn from his mistakes.<br><br>Giving love and support but not sheltering him from all the "little hurts". |

WORKING WITH PARENTS OF HANDICAPPED CHILDREN, The Council for Exceptional Children, Reston, Virginia 22091

## Parent Participation Assessment

The Program your child isenrolled in offers you a variety of activities you may participate in to learn more about your child. Please answer these questions to give the staff some information as to your interests in participating.

| | Yes | No |
|---|---|---|
| - Would you be able and willing to attend bi-monthly parent meetings? (If no, probable reason why not?) _____ | | |
| - Would you be interested in being a member of the Parent Advisory Committee? | | |
| - Would you be able to visit the Center for: | | |
| 1. Observation of your child in the classroom? | | |
| 2. Parent/teacher conferences? | | |
| 3. Volunteering to work in the classroom? | | |
| 4. Training you to work with your child through classroom participation? | | |
| 5. Workshops on a variety of subjects? | | |
| - Would you be interested in joining a small parent group for discussions? | | |
| - Would you be willing to accompany your child on field trips? | | |
| - Would you enjoy attending a family picnic or covered dish dinner? | | |
| - Is there any other activity not listed above that you would like to participate in with your child? If so describe_____ | | |
| - Do you or your spouse have any special skill or talent that you would share with our Program? If so describe_____ | | |
| - If parent meetings are scheduled at the Center, which time would be more convenient for you? Mornings, evenings?_____ | | |

Parent Priorities

| | Very Important | Important | Not Important |
|---|---|---|---|
| I. PARENT CONTACTS | | | |
| A. Interpretation of test results | | | |
| B. Counseling for family problems | | | |
| C. Information and Referral: 1. Suggestions for other available services in the community 2. Assistance in specific arrangements for medical/ dental care | | | |
| D. Progress report from Center and Regular School | | | |
| E. Crisis Intervention | | | |
| F. Home Program | | | |
| II. PROGRAM PARTICIPATION | | | |
| A. Training in classroom activities and teaching methods | | | |
| B. Observation | | | |
| C. Help with managing behavior of children: temper tantrums, toilet training, eating habits, etc. | | | |
| D. Learning to teach at home | | | |
| E. Regular contact with child's teacher | | | |
| F. Working in the classroom | | | |
| III. MEETINGS FOR GROUPS OF PARENTS | | | |
| A. Bi-monthly parent meetings | | | |
| B. Parent Advisory Committee 1. Liaison committee 2. Fund raising committee 3. Program planning Committee | | | |

| | Very Important | Important | Not Important |
|---|---|---|---|
| C. Small parent groups<br>1. Getting acquainted with other parents who have children with special needs similar to own child for sharing of ideas, concerns and experiences<br>2. Specific topics - workshops | | | |
| IV. PARENTAL CONCERNS | | | |
| A. Self-help skills such as dressing, toileting, and eating | | | |
| B. Gross motor skills such as walking, jumping, climbing, and throwing a ball. | | | |
| C. Receptive language skills (understanding what others say)such as following simple commands, "Wash your hands". | | | |
| D. Expressive language skills such as speaking clearly, stating wants, and naming objects. | | | |
| E. Social-emotional skills such as getting along with others. Appropriate expression of wants and feelings such as controlling temper and not biting, hitting, or hurting others. | | | |
| F. Fine motor skills such as tying shoes, buttoning clothes, using scissors, and writing name. | | | |

| | Very Important | Important | Not Important |
|---|---|---|---|
| G. Thinking skills such as understanding numbers, remembering objects, symbols, or events, and using information to solve problems. | | | |
| H. Diagnosing child's specific problem(s) | | | |
| I. Getting child placed in appropriate educational setting and monitoring successful placement. | | | |
| J. Giving your child a consistent daily routine | | | |
| K. Understanding your child's needs and limitations as well as strengths | | | |
| L. Other: Please Comment | | | |
| | | | |

V. TRANSPORTATION

## SUMMARIZED PARENT CHECKLISTS

Joyce Evans, Ph.D.
Southwest Educational Development Laboratory
211 East Seventh, Austin, Texas 78701

Immunizations:

Childhood Diseases:

Accidents:

Serious Illnesses:

### VISUAL CHECKLIST

Appearance

__Red, swollen eyelids
__Sores or crusts on eyelids
__Red, watery, or cloudy eyes
__Eyes seem to "cross"
__One eye "wanders"

Behavior

__Rubs his/her eyes a lot
__Holds things very close to eyes
__Tilts head or closes one eye
__Bumps into things a lot

The child complains of:

__Headaches
__Not being able to see
__Eyes hurting, burning, itching

Other:

### GENERAL HEALTH

Appearance

__Extremely overweight
__Extremely underweight
__Sudden loss of weight
__Cuts and bruises, slow to heal
__Extremely pale complexion
__Dark circles under eyes
__Frequent colds, runny nose, allergies

Behavior

__Excessively tired, listless
__Difficult or wheezy breathing
__Shallow, rapid breathing
__Very frequently hungry
__Frequent trips to the toilet
__Vomiting
__Eats non-foods

The child complains of:

__Headaches __Stomach aches
__Other body aches, pains

Other:

### HEARING CHECKLIST

Appearance

__Drainage or strong odor from ears
__Excessive wax or dirt in ears
__Sores in ears
__Frequent colds, sore throats

Behavior

__Tugs or pulls at ears
__Does not seem to listen
__Has trouble understanding
__Does not react to sudden noises
__Watches speaker's face very closely
__Speaks very softly or in a monotone
__Speaks unusually loud
__Turns head to one side to listen
__Frequently asks for repetitions (Huh? What?)

The child complains of:

__Earaches __Not hearing
__Dizziness

## Summarized Parent Checklists

### MOTOR CHECKLIST

Appearance

__Poor or unusual posture
__Stand with legs or hips uneven
__Unusually awkward
__Excessive toeing-in or toeing-out (pigeon-toe or slew-foot)

Behavior

__Stumbles or falls frequently
__Walks stiff-legged
__Walks on tiptoe most of the time
__Twitching or jerking movements
__Frequent trembling or shaking
__Has trouble picking up small objects
__Has trouble using spoon/fork

The child complains of:

__Pain or aches in joints frequently
__Pain after physical exercise
__Tiredness or pain

Other:

### BEHAVIOR CHECKLIST

Frequent or extremely unpleasant behavior:

__Crying __Frequent mood changes
__Tantrums __Has trouble changing activities
__Restless __Frequently angry/irritable
__Fearful __Anxious __Tense
__Withdrawn __Seldom smiles or laughs
Describe situation and frequency for any of the above:

Destructive behavior:
__Trys to hurt self __Trys to hurt others
__Intentionally destroys objects, toys, etc.
Describe situation and frequency:

Does not get along with other children/adults:
__Hits or fights with other children
__Yells or calls names
__Avoids other children; always plays alone
__Hits or fights with adults
__Clings to adults
__Avoids adults
__Sudden change in behavior. Describe.

Other problems:

### SPEECH AND LANGUAGE

Young children grow and change very rapidly. This is particularly true of their ability to understand what you say and to talk. The Speech and Language Checklist is divided into approximate age levels. Because it is longer than the other checklists, it is on a separate page. Also included are some suggestions for you and other members of your family to help your child in learning to talk.

### IF YOU FEEL THERE IS A PROBLEM...

First, check with your child's teacher. Some problems are simply a part of growing up, related to the age of the child. Some problems are temporary, but may need to be watched carefully. Other problems are very important.

In addition to the teacher, you may want to talk to the school principal or center director, or the nurse, social worker, or speech therapist. Also, you may want to talk to your physician.

For specialized help, such as speech therapy or hearing problems, check the yellow pages of your telephone book.

If you have problems finding help locally, write or telephone your State Department of Education, the Division of Special Education.

Also, for practical advice on steps to take in finding help for your child and for listings of national, state, and local organizations, write: Closer Look, Box 1492, Washington, D. C. 20013.

UNIT: II Identification Process

TOPIC: E-1. Referral: Necessary Information Prior to Referral

PURPOSE: To provide the participants with an awareness of the information that is necessary in making a referral for diagnostic assessment and procedures for assisting trainees in compiling the information.

LEARNING OBJECTIVES: At the end of this session the participants should be able to:

1. Determine the types of information necessary for making a referral for diagnostics.
2. Be aware of classroom remediation that should be attempted prior to outside referral.
3. Organize appropriate staff for making outside referral decisions.
4. Use workshop format and suggested strategies to assist trainees in meeting objectives 1 - 3 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS: Handout: Agency Referral Form

FORMAT: Discuss categories of information on handout.
Discuss strategies for assisting teachers in making appropriate and complete referrals.

SUGGESTED STRATEGIES:

1. Have trainees fill out appropriate referrals for children identified as needing more in-depth assessment based on screenings, characteristic checklists, assessments, and parent contact.
2. See suggested strategies under II. D. and II. E-2.

READINGS AND MATERIALS: Apell, R. J., and Lowry, R. M., Jr., Preschool Vision: Tests, Diagnosis and Guidance, The American Optometric Association, Inc., 4030 Chouteau Ave., St. Louis 10. MO. 19__.

Consultation Request Form, Preschool Child Development Center, Punta Gorda, Florida

"Referral Form", "Referral for Speech and Hearing Services", "Referral Form for Resource Room", Liberty Co. Early Learning Center, Liberty Co., Florida

"Special Request for a Psychologist to Make an Evaluation of Your Child", "Speech Referral Form", Volusia Co. Project Head Start, Volusia Co., Florida

(Sample)
Good Start Head Start Program
Good Start, U.S.A.

_____
Referral Date

Referral to: _____ From: _____
Contact Person — Contact Person
_____ — _____
Agency — Agency
_____ — _____
Address and Phone — Address and Phone

**********

Identifying Information

Child's Name: _____ B.D. _____ Age _____

Parent/Guardian's Name: _____

Parent's Address and Phone: _____

Directions to home:(as necessary) _____

**********

Type of assessment or examination requested:

**********

Reason for Referral: (list of developmental/learning problems, the extent of involvement, the frequency of occurrance, suspected cause, parent comments, and the child's complaint about the problem)

**********

Specific educational program planning information requested in the assessment report. (i.e., remedial techniques and special programming considerations)

**********

Significant Birth, Developmental, Behavioral, Medical History

**********

Screening and Assessment Information

| Instrument | Date | Screener/Examiner | Results |
|---|---|---|---|

**********

Child and Parent Involvement with the Program: (dates of enrollment, curriculum, special health or social services, type and frequency of parent involvement).

**********

Good Start Head Start Program

Child and Parent Involvement with other agencies:

| | Dates | Agency | Services |
|---|---|---|---|
| Child: | | | |
| Parent: | | | |

**********

Brief description of Child's personality (list of favorite play activities, books, talents, etc.)

**********

(Attach Parent Permission for release of Information Form)

UNIT II: Identification Process

TOPIC: E-2. Referral: Diagnostic Evaluations

PURPOSE: To enable the participants to provide trainees with information regarding various types of evaluations available, diagnostic information obtained and procedures for utilizing information contained in the report for program planning.

LEARNING OBJECTIVES:

1. Identify (form comprehensive evaluation) the specific diagnosis and any secondary or additional handicapping condition.
2. Utilize recommendations made in the evaluation report for program planning.
3. Use workshop format and suggested strategies to assist trainees in meeting objectives 1 and 2 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS:

Handout: Diagnostic Evaluation Report Descriptions
Handout: "Administering Medication"
Transparency: Audiogram
Pamphlets/Booklets: EEG, Hearing Aids, Seizures, etc.

FORMAT: Introduce each type of diagnostic evaluation and contents of report. Discussion of program planning and implications. Through the use of example evaluations involve participants in discussion of implications for their trainees in working with and programming for a variety of handicaps.

SUGGESTED STRATEGIES:

1. Invite psychologist, audiologist, neurologist, etc., to meet with trainees and parents to discuss or demonstrate types of evaluations they do and implications from results.
2. Conduct a community agency study to determine resources available and services provided for compilation of an Agency Resource Guide.
3. Discussion of constraints (funds, resources, qualified personnel) for obtaining diagnostic evaluations.
4. Have trainees outline the procedures that lead to obtaining a diagnostic evaluation.
5. Have trainees do a simulated educational evaluation and write report including specific problem indicated and recommendations.
6. Make a listing for a book of all specific diagnoses of enrolled children. Have each trainee prepare a description of that diagnosis, its symptoms, implications, tests used to arrive at diagnosis, etc. Encourage trainees to add new diagnostic information as they become involved with children with different problems.

SUGGESTED STRATEGIES: Cont'd.

7. Have a qualified person conduct a workshop on death and dying.
8. Have field trips to see an audiologic evaluation, to hospitals or neurologic clinics to see special equipment, etc.
9. Training for emotional reaction to handicaps.
10. Workshop on child abuse--Emotional situations.
11. Host a "Community Resource Fair" to familiarize teachers, staff, parents and others of agencies and services available throughout the community.
12. Design inservice for trainees utilizing "discovery" methods for trainees learning normal child development and what developmental areas certain skills fall into, (e.g., tying shoes-fine motor, self-help).
13. Conduct extended workshops with trainees in each type of evaluation focusing on learning and understanding special terminology, etc.

READINGS AND MATERIALS:

Apell, R. T., and Lowey, R. W., Jr., "Preschool Vision: Tests, Diagnosis, Guidance", The American Optometric Association, Inc., 4030 Chouteau Ave., St. Louis 10, MO.

Child Care and Development Occupations: Competency Based Teaching Modules: #24 Exceptional Children, Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 20402, Stock No. 1780-01360.

Fulton, Robert T., and Lloyd, Lyle L., "Auditory Assessment of the Difficult-to-Test", Williams and Wilkins Co., Baltimore 1975

Gerwin, Kenneth S., M.D., and Glorig, A., M.D., "Detection of Hearing Loss and Ear Disease in Children", Charles C. Thomas, Publisher, Springfield, Illinois 1974.

"Even Love Is Not Enough ... Children With Handicaps", Parents Magazine Films, Inc., 52 Vanderbilt Avenue, New York, New York 10017

"Families Who Care... Children With Handicaps," Ibid.

Project Ski-Hi, "Programming for Hearing Impaired Infants through Amplification and Home Intervention". Dept. of Communication Disorders, Utah State University, Logan, Utah 84322

READINGS AND MATERIALS Cont'd.

Tabers Cyclopedic Medical Dictionary, F. A. Davis Company, PA.

Travis, Georgia, "Chronic Illness in Children: Its Impact on Child and Family", Stanford University Press, CA. 1976.

"Utilizing Resources in the Handicapped Services Field: A Directory for Head Start Personnel", Handicapped Children in Head Start Series, The Council for Exceptional Children, 1920 Association Drive, Reston, VA. 22091

"Understanding Medical Terminology", the Catholic Hospital Association, St. Louis, MO. 63104

Report Description:
Audiological Evaluation

**Evaluation:** Audiological - relating to the acuity of hearing, degree and type of loss

**Examiner:** Audiologist

**Reason:** For full audiometric evaluation of children who appear to have hearing difficulties. Also for periodic hearing aid evaluation to determine effectiveness of aid.

**Tests:**

I. Pure Tone Audiometry
   - A. Air Conduction
   - B. Bone Conduction
   - C. Short Increment Sensitivity Index (SISI)

II. Speech Audiometry
   - A. Speech Reception Threshold
   - B. Speech Discrimination Threshold
   - C. Speech Awareness Threshold

III. Impedance Audiometry
   - A. Static Compliance
   - B. Tympanometry
   - C. Stapedius Reflex

**Contents of Report:** Referral information and case history/otological/pediatric examination information as available; Audiological evaluation information including test results and impression information (i.e., degree of loss, configuration of loss and suspected etiology); Audiometric record sheet recording frequency findings; Recommendations: medical, hearing aid(s) specifications and referral for educational/therapeutic assistance.

**Use of Report:** Audiological evaluations may be used to assist teachers in understanding implications for programming and placement, educational techniques, and prognosis. The report may also include special instructions as to preferential seating, use of aid, and other special considerations to be made for the hearing-impaired child.

**Follow-up:** As indicated by audiologist. For young children initially fitted with an aid it is recommended at 3-6 month intervals. For older children re-evaluations are done annually or as indicated by circumstance.

Report Description:
Neurological Evaluation

**Evaluation:** Neurological - pertaining to the study of nervous diseases.

**Examiner:** Neurologist

**Reason:** For determination of etiology and prognosis for children exhibiting problems which may be associated with neurological dysfunction. (i.e., perceptual, motoric, associative, discriminatory, reflexive, behavioral, etc.) Evaluation done by physician only.

Signs/Symptoms of possible neurological dysfunctions are:

1. pain, such as severe, recurring headache.
2. seizures
3. abnormal gait or movements such as tremors
4. changes in state of consciousness
5. disturbances in special senses
6. disorders of speech
7. trouble with sphincters of the bladder or bowels
8. paralysis
9. changes in personality

**Tests:** Procedures which may be used for diagnosis:

A. History taking
B. Neurologic examination including
    1. Examination of the cerebrospinal fluid
    2. Neuroradiology
    3. Electrophysiologic methods:
        a. electroencephalography (EEG) of the brain areas of suspected seizure
        b. electromyography (EMG) of the muscle and peripheral nerve (muscle disease such as M.S.)
        c. electrostimulation of motor points of muscle (if nerve is completely or partially destroyed)
    4. radioisotope techniques - for intercranial tumors
    5. nerve blocks
    6. subdural disgnostic taps - mainly in infants gives diagnosis of subdural hematoma (as hydrocephalus)
    7. exploratory neurosurgical operations
    8. other

**Contents of Report:** Review of medical history, family history, and examination of symptoms exhibited indicating referral.

Results of routine physical examination including short neurologic examination. This information yields next direction for specialized testing. Example: possible seizure activity may indicate this testing procedure including results:

a. lumbar puncture - spinal tap
b. EEG
c. simple skull X-ray
d. pneumoencephalography
e. cerebral arteriography

The report is then released to the referring physician. It will indicate findings of tests and implications. Medications may be prescribed to prevent seizures from occurring. This is done primarily through the use of anticonvulsants. The medication and amount will be prescribed as well as time of administration.

Use of Report:

A copy of report of the neurological may be difficult to obtain, depending upon the neurologist's professional decision. However, the referring physician should be willing and cooperative enough to explain the results, implications, and recommendations with the agency contact person, especially after knowing the reason for the request.

Teachers may need to make special programming decisions based upon knowledge of the neurological findings. Agency policy dealing with the administering of medication may be the deciding factor for enrollment of children.

Other examples for consideration are:

1. Parent counseling and follow-up
2. Reports received indicating terminal disease
3. Need to record seizure occurrence (time duration, and behavior exhibited to assist in stabilization of medication.
4. Knowledge of the child's pathology and overall implications.

Follow-Up: As indicated by neurologist or physician.

Collins, R. Douglas M.D., Illustrated Manual of Neurologic Diagnosis, (J.B. Lippincott Co.: Philadelphia) 1962

Tourven and Prechtl, The Neurological Examination of the Child With Minor ..., Spastics International Medical Publishers, (Lippincott: Philadelphia) 1970

Report Description:
Ophthalmological Evaluation

**Evaluation:** Ophthalmological - relating to acuity, scope of vision and health of the eye.

**Examiner:** Optometrist - person who measures the eye's refractive power and fits glasses to correct ocular defects.

Ophthalmologist - A graduate physician who specialized in the treatment of disorders of the eye.

**Reason:** For full ophthalmological assessment of children who appear to have visual problems, or learning difficulties which may be associated with visual problems.

**Tests:** Visual acuity (sharpness of vision) a retiniscope is used to check the refractive power of the eyes, picture cards and slides are used to determine the clarity of vision at various distances. The Scherring Vision Test and the Snellen (E) Vision Chart are often used. If a child is non-verbal, the examiner can often tell if he sees the picture by facial expressions.

Eye health - the ophthalmoscope is used to examine the interior of the eye to determine the condition of the optic nerve, arteries, veins, and macula area and periphery.

Focus - a series of lenses is used to assess how both eyes work together and to determine the most confortable viewing distance.

**Contents of Report:** Health of the eyes, type of refractive error present, type of corrective lenses if needed, field of vision, if preferential seating is indicated, and postural defects which may intensify visual problems. If the eye is diseased, the optometrist must refer to an ophthalmologist for treatment.

**Use of Report:** If a progressive condition is present, the ophthalmological report will indicate what measures, if any, can be taken to retard the progression of the disease. The report will also indicate if a visually impaired child will be able to benefit from large print books.

**Follow-up:** All children should have their eyes examined yearly until the age of 16, even if there is no problem. A child's vision may change greatly in one year.

Report Description
Psychological

**Evaluation:** Psychological - relating to the mental or behavioral characteristics of an individual

**Examiner:** Psychologist

**Reason:** Full psychoeducational assessment of children who are experiencing learning and behavior problems

**Tests:**

Ability (General Cognitive, developmental maturity, intelligence) Bayley Scales of Infant Development (2-30 months)
Stanford-Binet Intelligence Scale, rev. (2yr - adult)
Wechsler Preschool and Primary Scale of Intelligence (4 yr. to 6 yr. 6 mo.)

Adaptive (Social competency, general development, adaptive behavioral skills)
Adaptive Behavior Scale (AAMD) (3 yr. to adult)
Preschool Attainment Record (PAR) (6 mo. through 7 yr.)
Vineland Social Maturity Scale, rev. (infant through adult)

Personality (Emotional functioning, affective maturity)
House-Tree-Person
Sentence Completion Test
Thematic Apperception Test

Perceptual (Language, auditory, visual, integration and discrimination)
Auditory Discrimination Test - Wepman (5 to 8 yr.)
Bender Visual Motor Gestalt Test (preschool to adult)
Illinois Test of Psycholinguistic Abilities (ITPA) (2 yr. 6 mo. to 9 yr.)

Academic Skills (Basic reading, spelling, math)
Peabody Individual Achievement Test (K to adult)
Wide Range Achievement Test (K to 14 yr.)

Preschool Readiness Tests
Denver Developmental Screening Test (0-6 yrs.)
Minnesota Preschool Scale (1-6 yr.)
~~PAR~~

**Contents of Report:** Evaluation of intellectual functioning and cognitive style of child; social and cultural handicaps or strengths; particular modes of behavior, possible educational implication of observed dynamics; suggestions for further exploration or analysis; educationally relevant recommendations.

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Psychological

Contents Cont'd:

I. Intelligence and Mental Development
II. Educational development and pupil characteristics
III. Physical Development (history)
IV. Social Adjustment (Family, peer-sibling-teacher relat.)
V. Emotional Adjustment
VI. Summary:
Recommendations - educational
Treatment, referral and case management

Use of Report: Psychological evaluations may be used to assist in making decisions on school placement, program planning and for remediation. They serve as a basis for prescriptive educational programming as well as to give direction in referring and securing other needed services. Psychological evaluations and a subsequent parent conference will help parents to understand their child's problems and strengths upon which to build.

Follow-up: To be re-evaluated at least every three years and for any proposed change in placement; also when educational progress is in question or in case of extreme deviation from results of last psychological evaluation.

School Psychological Services Handbook, Division of Curriculum and Pupil Personnel Services, Office of Instructional Services, Georgia Dept. of Education, Atlanta, Ga. 30334

Report Description:
Speech and Language Evaluation

| | |
|---|---|
| Evaluation: | Speech and Language - relating to the child's ability to understand and use language and speak clearly and correctly. |
| Examiner: | Speech Pathologist |
| Reason: | Determination of etiology and remedial techniques for children whose speech and language patterns appear significantly different and interfere with the acquisition of developmental skills. |
| Tests: | Peabody Picture Vocabulary Tests<br>Assessment of Children's Language Comprehension<br>Illinois Test of Psycholinguistic Ability<br>Test for Auditory Comprehension of Language<br>Receptive Expressive Emergent Language<br>Communicative Evaluation Chart<br>Goldman Fristoe Test of Articulation<br>Photo Articulation Test |
| Contents of Report: | The report should contain the following sections: 1-background information including etiology if known, 2-communication status which would define the tests used and the child's response patterns to each; a statement of the observation from informal assessment, the client's voice and results of an oral peripheral examination, 3-behavioral observations and 4-summary and recommendations. |
| Use of Report: | The report will aid teachers in areas of remediation for a child's speech and language. If the evaluation indicates that therapy is needed, the report will outline the prescriptive program. |
| Follow-up: | There is a need for pre and post testing in therapy, as determined by the speech pathologist,to show increase in gain or decrease in errors. Often changes in the child's speech or language performance will warrant a re-evaluation. |

Report Description:
Special Medical Evaluation

**Evaluation:** Medical - refers to the determination of wellness vs illness, pathology and treatment indicated.

**Examiner:** Medical Physician and/or Specialist (orthopedist, otolaryngologist, internist, otologist, cardiologist, etc.)

**Reason:** An additional medical evaluation is indicated for determination of etiology, prognosis and remediation through complete medical assessment of children evidencing drastic change in behavior, drastic change in appearance, or drastic change in physical well-being, if there is reason to believe a physical problem may be the cause.

**Tests:** Specific tests would be determined by the nature of the complaint.

**Contents of Report:**

Physical findings
Results of tests:
Diagnosis: i.e., chronic illness, respiratory dysfunction, malignancy, anemia, scoliosis, heart disease, etc.
Prognosis: prediction of course and termination of disease.
Recommendations: corrective measures (medication, special devices)

**Use of Report:** Evaluations contain medical management information which will give the parents and school personnel any special instructions concerning nutrition, health care, corrective devices, and medication. There may also be restrictions placed upon physical activity. Educational implications, if appropriate will also be included as will the implications for other family members.

**Follow-up:** The physician may suggest or request periodic visits or progress reports. Otherwise yearly medical examinations are advised, except under special circumstances indicating emergency situations.

# DEVELOPMENT AND USE OF POLICIES REGARDING ADMINISTRATION OF PRESCRIBED MEDICATION TO CHILDREN

## Policy Statement

Each agency shall establish written policies concerning the administration of prescribed medication by school personnel during school hours. Such policies shall minimally specify the following:

## Administration of Medication Form

A completed form shall be on file for each child requiring medication which includes:

- A copy of the prescription and recommended dosage
- Physician's requirements specifying frequency and method of administration
- Physician's description of anticipated reactions of child to medication
- Physician's signature
- Parental signature approving the administration of the medication

## Storage of Medication

Each agency shall designate in writing specific locked and limited access spaces within each building to house student medication.

- In each building that houses a full time registered nurse, medication shall be locked in the designated nurse's office.
- In each building that houses a less than full time registered nurse, medication shall be locked in the building administrator's office.

## Professional Rights and Responsibilities

In order to protect the health of the child and the rights of the professionals, guidelines for administration of medication shall be developed which consider at least the following:

- The Administrator/Director has on file in the pupil's student record the properly completed "Administration of Medication" form.
- The professional has a copy of the "Administration of Medication" form available for immediate reference.
- The "Administration of Medication" form must be completed and filed each school year and whenever the prescription is changed by the physician.
- The professional should be forewarned in writing that the "professional may be held negligent and personally liable to court action if a mistake is made by the professional in administering medication".
- The professional has the right to refuse to administer medication when the procedures described above have not been completed.

This material is provided as a service from The Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091.

NOTE: The suggestions listed are not intended to supersede the policy already established by individual Head Start agencies. Individual agency policy takes precedence, unless otherwise indicated by HEW/OCD.

UNIT II: Identification Process

TOPIC: F. I.E.P. Overview

PURPOSE: To enable the participants to provide trainees with information regarding the Individual Education Plan (IEP): description, components, rationale, and procedures.

LEARNING OBJECTIVES: At the end of this session the participant should be able to:

1. Identify the legislation mandating the IEP.
2. Define and describe the components of the IEP.
3. Discuss the implications of the IEP.
4. Use workshop format and suggested strategies to assist trainees in meeting objectives 1-3 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS:

Statement describing IEP process
IEP Interagency Coordination
IEP blanks

FORMAT:

Presentation
Question and answer

SUGGESTED STRATEGIES:

1. Distribute summaries of P.L. 94-142.
2. Small groups decide ways to get parents to attend staffings.
3. Have trainees decide time periods for short term objectives.
4. Have trainees list types of assessment tools to ascertain if an objective has been met.
5. View film strip from CEC on P.L. 94-142.
6. Trainee and cluster coordinator write IEP's on all handicapped children in class.

READINGS AND MATERIALS:

An Analysis of P.L. 94-142, the National Association of State Directors of Special Education, Inc., Washington, D.C.

Federal Register, Part IV, Department of Health, Education, and Welfare, December 30, 1976.

Head Start Program Performance Standards, OCD Notice N-30-364-4, 1975.

Irvin, T., "Implementation of P.L. 94-142", Exceptional Children, November 1976, pp. 135-37.

Unit II: Identification Process
F. IEP Overview

Readings and Materials Cont'd.

"What are the Development Requirements for Individual Educational Plans?", Workshop packet from Collier County On-site Workshop: Individual Prescriptive Educational Plans: A Developmental Model.

"IEP Primer", Council for Exceptional Children, Reston, Virginia.

## Statement Describing I.E.P. Process

1. Committee and parents of the child will meet to write an I.E.P.

2. Using a completed appropriate evaluation, the strengths and weaknesses will be identified and summarized into a statement of present levels of educational performance.

3. Prioritized Long Term Goals (Terminal Behavior) will be stated with persons providing the service, the % of time, beginning date, review date and whether goals were or were not reached.

4. State the year, grade and % of time the child will be placed in a regular classroom, if appropriate.

5. Committee members, date of meeting, and chairman shall be stated.

6. The Coordinator of the I.E.P. must be stated.

7. Upon completion, the parent and Coordinator of the I.E.P. must sign the Individualized Educational Plan.



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## Individual Educational Program

## Interagency Coordination

Topic areas or suggestions to be considered in setting up procedures are:

1. Provide all people involved in coordinating staffing with a list of agencies including the name of agency, address, telephone number and name of contact person.

2. Include a statement on the parent permission form that the I.E.P. will be developed (finalized) during the first 30 days a student is in the program.

3. Have parent(s) sign the I.E.P. stating that they were involved, or had the opportunity for involvement.

4. Invite in writing representatives from agencies working with the child to attend the staffing. Request input (as per confidentiality) when representatives are unable to attend.

5. Designate who or what agency is responsible for accomplishing or working on each goal and objective.

6. Establish a means of communication for review of I.E.P. - continuous? periodic? annual? (scheduled visits and by whom if student is in a private school).

7. Provide a copy of the I.E.P. to everyone working directly with the student.

8. Notify parents of availability of the I.E.P. if they desire.

9. Design referral forms so they are useful for all agencies involved.



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| DEFINITIONS PL 94-142 (AMENDMENTS) | EHA OR 93-380 AMENDMENTS | GENERAL IMPLICATIONS |
|---|---|---|
| Individualized education program: (written statement developed by LEA representative, teacher, parents and child, when appropriate)<br>- child's present level of educational performance<br>- annual goals and short term objectives<br>- specific educational services to be provided<br>- extent to which child will be able to participate in the regular classroom<br>- projected date for initiation and duration of services to be provided the child<br>- objective criteria and evaluation procedures<br>- schedule for determining whether instructional objectives are being achieved (must be reviewed at least annually) | No similar language | Training of both administrators and teachers |

OMHOP
March 1978

UNIT II: Identification Process

TOPIC: G. Educational Staffings

PURPOSE: To provide the participants with a broad awareness of a process their trainees may use in staffing a handicapped child.

LEARNING OBJECTIVES: At the end of this session the participants should be able to:

1. Identify the procedures prior to the educational staffing.
2. Select an appropriate person to be responsible for Head Start Center staffings and identify role and responsibilities of that person.
3. Identify the types of information required to staff a particular child and the personnel to be involved.
4. Complete IEP Form A and B.
5. Name staffing types and information required for each.
6. Use workshop format and suggested strategies to assist trainees in meeting objectives 1-5 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS:

Transparency: Flow chart of identification process leading to staffing procedure
Handout: "Educational Staffing"
Material: Case Study, IEP (Forms A & B)

FORMAT: Through the use of overhead transparency illustrate staffing procedure. Simulated Staffing: participants will be selected to role play assigned parts in the simulated staffing.

SUGGESTED STRATEGIES:

1. Conduct staffings on all referred handicapped children.
2. Have trainees participate in staffings of enrolled children.
3. Have trainees prepare a calendar including dates for planning and termination staffings for enrolled children entering public school.
4. Have trainees list crisis situations or classroom events which might lead to a planning staffing.
5. Send out staffing information prior to staffing.

READINGS AND MATERIALS: "A Model for Diagnostic-Prescriptive Programming for Young Children", Martin Luther King, Jr. Child Development Center, Diagnostic Resource Educational Adjustment Model, 380 Martin St., S.E., Atlanta, GA 30312

READINGS AND MATERIALS:
Cont'd.

"Federal Register, Part IV", Department of Health, Education, and Welfare, December 30, 1976.

"Part of a Team: The Delivery of Social Services Within a Preschool Special Education Setting", a replication module, The Ochlocknee Multi-Handicapped Outreach Project, 1977, P. O. Box 110-A, Ochlocknee, GA 31773

Landy, Robert J., "Individual Prescriptive Educational Plans, A Developmental Model" On-Site Workshop Packet, Collier County Public Schools, Naples, FL

## Educational Staffings

The educational staffing is an important vehicle for making placement and planning decisions. It allows for a systematic team approach for initial planning as well as for periodical review of handicapped children. By involving key individuals in the decision making process, as opposed to any one person making decisions, outcomes are likely to be better for the child, and assure that the rights of the child are safeguarded.

### WHO PARTICIPATES IN A STAFFING?

All individuals with relevant information regarding the pupil or possible alternatives should participate:

- Education Coordinator
- Handicap Coordinator
- Evaluator
- Lead teacher (?)
- Health Coordinator if appropriate
- Teacher
- Parent (and sometimes the child)
- Other agency representatives
- Parent or Social Services Coordinator

### WHO DIRECTS THE STAFFING?

The chairperson should be designated by the agency. The Handicap Coordinator is the designated chairperson in the model presented. S/he has the responsibility of coordinating all information necessary prior to staffing. S/he acts as group facilitator and provider of crucial information at the same time.

### HOW ARE DECISIONS REACHED?

The educational staffing must be viewed as a problem solving process. As such, an action sequence should be adopted that will help orient participants to their purpose, and use their time efficiently. A possible sequence is:

--Define the nature of the problem
--Receive reports from appropriate persons
--Identify all possible solutions
--Determine the best solution and specify manner of implementation

### WHAT IF DISAGREEMENTS OCCUR?

This subject is particularly relevant to administrative policy and procedure. The Council for Exceptional Children recommends that the alternative representing the least change in the pupil's educational program usually should be tried first and then evaluated. However, considerations should be made toward resources which can provide the most remediation for the handicapped child's primary problem first.

Educational Staffings

## WHAT ARE THE TYPES OF EDUCATIONAL STAFFINGS?

The types of educational staffings recognized by many early childhood programs include:

- Initial: the first team meeting to determine placement and educational programming.

- Planning: Any subsequent team meeting to review child's progress, to discuss implications of additional evaluations, or as needed due to classroom problems, changes in pupil behavior, family crisis, etc.

- Termination: Final team review of child's progress and future placement prior to exiting from program.

## WHAT MAKES A STAFFING WORK?

- Avoid going to a staffing having already decided on a course of action; but be prepared to report accurately relevant information and make recommendations.

- Participate in the discussion, respect the opinions of others, and be willing to compromise.

- Adhere to the defined problem.

- Consider all alternatives. Combine services of general education, special education, and federal programs where the pupil would benefit.

- Establish measurable criteria that can be used to evaluate the placement and a date by which review will be completed.

- Record key information and communicate it to personnel who will provide services.

- Make sure due process procedures are adhered to.

- Be sure that parents have been given preliminary information about the staffing and data to be discussed.

Portions of this material were adapted from information prepared by Council for Exceptional Children, 1920 Association Drive, Reston, VA. 22091.

Form A

# I. E. P. STAFFING REPORT

Student_____ System_____

Committee Members Present Staffing Date_____

Chairman:_____ _____ _____

Current Functioning:

1. Academics

4. Behavior

2. Social

5. Testing

_____

_____

3. Other

_____

_____

Recommended Services Time in Each

_____ _____

_____ _____

_____ _____

Service Coordinator_____ Program Responsible_____

Annual Goals_____

_____

_____

I have reviewed this report and been informed of its contents.

Parent Signature_____ Date_____

School Representative_____ Date_____

Position_____

| Parent/Guardian Contact | |
|---|---|
| Date_____ | Response_____ |
| Date_____ | Response_____ |
| Date_____ | Response_____ |

Form B

# INDIVIDUAL EDUCATION PLAN

(Complete one of these for each goal statement specified on Total Service Plan Form A)

Name_____

System_____

School(s)_____ Teacher(s)_____

Program Entry Date_____

Projected Ending Date_____

Prioritized Short Term Instructional Objective(s)

_____

_____

_____

_____

| Task Analysis of Instructional Objective | Criteria for Mastery | Materials and/or Resources | Date Started | Date Reviewed | Evaluation of Performance |
|---|---|---|---|---|---|
| | | | | | |

I have reviewed this report and have been informed of its contents:

Parent Signature_____ Date_____

School Representative_____ Date_____

# UNIT III

# EDUCATIONAL PROGRAMMING

UNIT III: Educational Programming

TOPIC: Overview

PURPOSE: To provide the participants with a broad awareness of a process that their trainees may use in providing educational programming for handicapped students.

LEARNING OBJECTIVES: At the end of this session the participants should be able to:

1. Define educational programming.
2. Cite and discuss the relationship of the different components of educational programming.
3. Become familiar with several examples of early childhood Curriculum Guides.
4. Use workshop format and suggested strategies to assist trainees in meeting objectives 1-3 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS:

Handout: Educational Programming Components
Handout: 1st Chance Curriculum Guides
Handout: Bibliography: Developmental Activity Guides
Materials: Curriculum Guides and Activity Guides for Examination

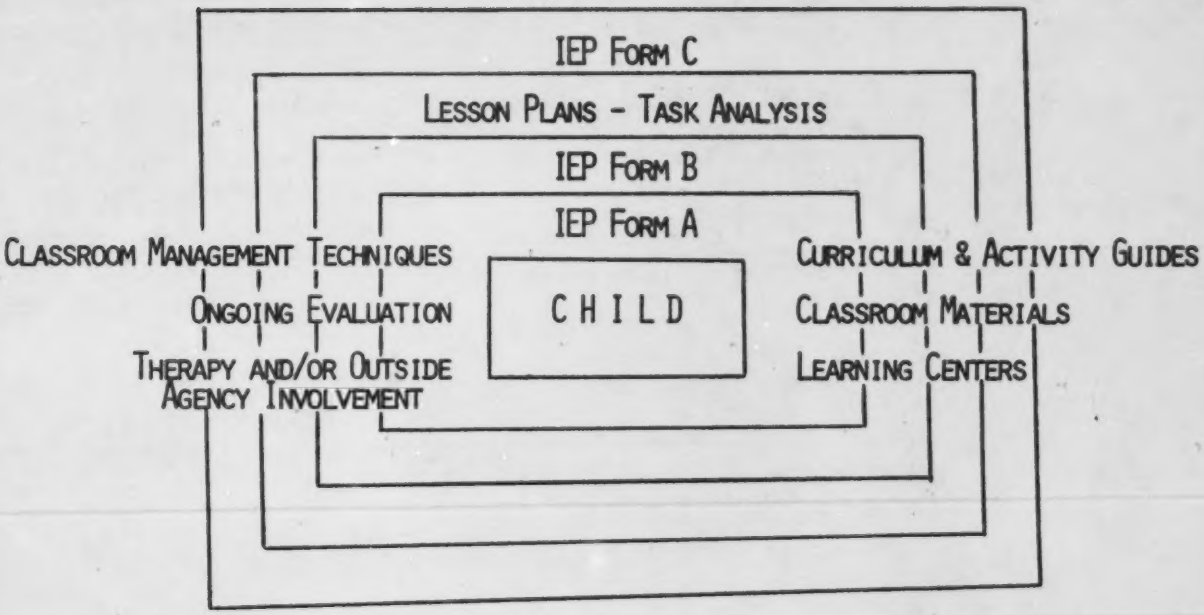
FORMAT: Present and discuss handouts

SUGGESTED STRATEGIES:

1. Provide consultation for trainees in providing educational programming.
2. See following topics: Materials, Classroom Management, Lesson Plans, Learning Centers, Ongoing Evaluation, Evaluation (Post testing).
3. Have trainees choose activities from several Activities and Curriculum guides to remediate one deficit (the Eclectic approach).

READINGS AND MATERIALS: It's Monday Morning: A History of Twenty-seven Handicapped Children's Early Education Projects, coordinated by Diana Pefly and Hal Smith, T.A.D.S., Chapel Hill, North Carolina, 1975.

## Educational Programming Components



First Chance Curriculum Guides

Articulation and Language Learning. Early Education for Speech and Hearing Handicapped, South Carolina Region V Educational Services Center, P. O. Box 1069, 102 East Arch St., Lancaster, S. C. 29720.

Curriculum Guidelines for Kindergarten Activities. Magnolia Public School, Magnolia, Ark.

Developmental Activities for Young Children. Sewall Early Education Developmental Program, Sewall Rehabilitation Center, 1360 Vine St., Denver, CO. 80206.

Early Childhood Education and Home Intervention Project Curriculum. Alamosa, CO.

Enhancing Developmental Progress in Preschool Exceptional Children. Curriculum Guide and Lesson Plan Book. Department of Special Education and Rehabilitation, College of Education, Memphis State University, Memphis, Tenn. Lear Siegler/Fearon Publishers, Belmont, CA.

Get a Wiggle On. Sherry Raynor, Infant Program for the Visually Impaired, Ingham Intermediate School District, 2630 West Howell Road, Mason, Mich. 1975.

HICOMP Curriculum. College of Human Development, University Park, PA. 16802.

Home, Parent, Child Stimulation. Motor, Communication, Social. Marshalltown Project, 9 Westwood Dr., Marshalltown, Iowa.

Initial Expressive Language Program, Teaching Research, Monmouth, Oregon, with Vocabulary Cards.

Learning Accomplishment Profile, with Manual, Kaplan School Supply Corp., 600 Jamestown Road, Winston-Salem, North Carolina 27103

A Planning Guide: The Preschool Curriculum. Kaplan School Supply Corp., 600 Jamestown Road, Winston-Salem, North Carolina 27103.

Portage Guide to Early Education. Manual and Curriculum cards and checklist. The Portage Project, Cooperative Educational Service Agency 12, 412 E. Slifer St., Portage, WI. 53901.

Project Vision-Up. Educational Products Training Foundation, 6025 Chestnut Drive, Boise, ID. 83704

Teaching Research Curriculum for Moderately and Severely Handicapped. Teaching Research Infant and Child Center, Charles C. Thomas, Springfield, Ill., 1976.

Working With Children. The Ochlocknee Multi-Handicapped Project, P. O. Box 110-A, Ochlocknee, GA 31773

BIBLIOGRAPHY
Developmental Activity Guides

Belton, Sandra; and Terborgh, Christine. Sparks Activities to Help Children Learn At Home. Washington, D. C.: Human Services Press. 1972.

Cratty, Bryant J. Developmental Sequences of Perceptual-Motor Tasks. Freeport, N.Y.: Educational Activities Inc. 1967.

Cratty, Bryant J.; and Breen, James E. Educational Games for Physically Handicapped Children. Denver: Love Publishing Company. 1972.

Croft, Doreen J.; and Hess, Robert D. An Activities Handbook for Teachers of Young Children. Second edition. Boston, Ma.: Houghton-Mifflin Company. 1975.

Englers, Rose C. Language Motivating Experiences for Young Children. Los Angeles: D. F. A. Publishers. 1968.

Findlay, Jane; et al. A Planning Guide to the Preschool Curriculum, The Child, the Process, the Day. Winston-Salem, N. C.: The Chapel Hill Training-Outreach Project Materials. (Available through Kaplan School Supply Corporation.) 1974.

Holman, Geraldine; et al. Speech Activities for the Preschooler. Gary, In.: Special Pre-School Outreach and Training Gary Public Schools, Garnett Achievement Center. 1974-75.

Honig, Alice S.; and Lally, J. Ronald. Infant Caregiving: A Design for Training. New York: Media Projects, Inc. 1972.

Jones, Sandy Good Things for Babies. Boston, MA.: Houghton Mifflin Company. 1976.

Karnes, Merle B. Helping Young Children Develop Language Skills: A Book of Activities. Reston, VA.: Council for Exceptional Children. 1968.

Lillie, David I. Early Childhood Education: An Individualized Approach to Developmental Instruction. Palo Alto, CA.: Science Research Associates, Inc. 1975.

Marshalltown Project Preschool Division. Marshalltown Behavioral Prescription Guide. Manuals IIA, IIB, IIC. Marshalltown, Iowa.

Meyers, Elizabeth S.; et al. The Kindergarten Teacher's Handbook. Los Angeles, CA.: Gramercy Press. 1973.

Northcott, Winifred H. Cirriculum Guide: Hearing Impaired Children - Birth to Three Years - And Their Parents. Washington, D. C.: The Alexander Graham Bell Association for the Deaf, Inc. 1972.

Bibliography
Developmental Activity Guides

Quick, Alton D., et al. Project Memphis: Enhancing Developmental Progress in Preschool Exceptional Children. Belmont, CA.: Fearon, Publishers, Lear Siegler, Inc. 1974.

Sewall Early Education Development Program. Development Activities for Young Children Birth to 3 Years. Denver, CO.: Sewall Rehabilitation Center. 1975.

Technical Assistance Development System. Lessons in Skill Development: Training in Early Education of Children with Handicaps. Chapel Hill, N. C., University of North Carolina. 1973.

Tronick, Edward; and Greenfield, Particia M. Infant Curriculum: The Bromely-Heath Guide to the Care of Infants in Groups. New York: Media Projects, Inc. 1973

Wylie, Joanne. A Creative Guide for Preschool Teachers. Glencoe, IL.: Western Publishing Company, Inc. 1971 (eighth printing.)

UNIT III: Educational Programming

TOPIC: A. Classroom Management

PURPOSE: To provide participants with information which will aid trainees in efficient management of their classrooms.

LEARNING OBJECTIVES: At the end of this session, the participants should:

1. Be able to discuss rationale for scheduling techniques.
2. Be familair with management techniques.
3. Have an awareness of how the physical set-up enhances a management system.
4. Use workshop format and suggested strategies to assist trainees in meeting objectives 1-3 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS:

Handout: Classroom Management
Handout: Two sample schedules: Advantages and Disadvantages
Material: A Planning Guide: The Preschool Curriculum

FORMAT:

1. Participants will be presented with two schedules from which they must list the advantages and disadvantages of both types.
2. Presentation of two diagrams demonstrating physical set-up. Participants will list strengths and weaknesses of each.

SUGGESTED STRATEGIES:

1. Participant and trainees will coordinate a classroom schedule.
2. Provide examples of specific handicaps (i.e. blind) and have trainees adapt classrooms to accommodate.
3. Have the trainees compare I.E.P. with schedule and classroom set-up to make sure the I.E.P. can be carried out.

READINGS AND MATERIALS:

A Planning Guide: The Preschool Curriculum. Kaplan School Supply, Winston-Salem, North Carolina 27103.

Lloyd, D. M. 70 Activities for Classroom Learning Centers. The Instructor Publication, Inc. Dansville, Kentucky. 1974.

O'Leary, K. D. and O'Leary, S. Classroom Management. Pergamon Press, Inc. New York. 1972.

Classroom Management

I. Importance of Scheduling

A. Structures the program of the day and aids in keeping the teacher and children on task.

B. Acts as an integral part of the child's I.E.P.

C. Provides the teacher with an overview in order to provide a continuity to the teaching/learning process.

II. Importance of Physical Set-up in the Classroom

A. Provides structure conducive to learning.

B. Encourages efficiency and effectiveness of operation.

C. Takes specific handicaps into consideration.

D. Provides children with an attractive environment for enjoyment and language stimulation.

Sample Schedule A

| | |
|---|---|
| 9:00 - 9:30 | Health Inspection |
| 9:30 - 10:00 | Breakfast |
| 10:00 - 10:30 | Circle Time |
| 10:30 - 11:00 | Free Play |
| 11:00 - 11:30 | Peabody Kit Lesson |
| 11:30 - 11:45 | Prepare for Lunch |
| 11:45 - 12:30 | Lunch |
| 12:30 - 1:00 | Rest |
| 1:00 - 1:30 | Coloring |
| 1:30 - 2:00 | Story |
| 2:00 - 2:30 | Music |

Advantages

1. Fills the times.
2. Has some necessary activities.

Disadvantages

1. Activities should not necessarily be of equal time.
2. Does not provide for individualized instruction.
3. Does not alternate quite and busy activities.
4. Does not allow for child initiated activities.
5. Gives only activities, does not tie into curriculum areas.
6. Instruction is not properly scheduled.

## Sample Schedule B

| | |
|---|---|
| 9:00 - 9:15 | Health Inspection |
| 9:15 - 9:45 | Breakfast |
| 9:45 - 10:00 | Free Play |
| 10:00 - 10:30 | Circle Time and Group Language |
| 10:30 - 10:45 | Gross Motor Activity |
| 10:45 - 11:00 | Cognitive Activity |
| 11:00 - 11:30 | Story Time |
| 11:30 - 11:45 | Prepare for Lunch |
| 11:45 - 12:30 | Lunch |
| 12:30 - 12:55 | Music or Art |
| 12:55 - 1:30 | Structured Exploration |
| 1:30 - 2:30 | Nap |

Advantages

1. Has curriculum areas and not just activities.
2. Has some activities lasting longer than others.

Disadvantages

1. Alternating activities could be improved by rescheduling free play activities and story time.

UNIT III: Educational Programming

TOPIC: B. Lesson Plans - Overview

PURPOSE: To enable the participants to assist the teachers in individualizing lesson plans and including certain basic components.

LEARNING OBJECTIVES: At the end of this session, the participants should be able to:

1. List reasons for individualizing lesson plans.
2. Name five skill areas which should be in each lesson plan.
3. Discuss sections which should be included in each lesson plan.
4. Be familiar with various types of lesson plan formats.
5. Use workshop format and suggested strategies to assist teachers in meeting objectives 1-4 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS:

Handout: Sample Daily Lesson Plan (completed)
Handout: Developmental Skill Area Lesson Plan Form (blank)
Sample lesson plan forms (small group and individual)

FORMAT: Show overhead of completed lesson plan.
Discuss objectives, activities, and evaluation as part of the lesson plan.

SUGGESTED STRATEGIES:

1. Workshop on writing behavioral objectives.
2. Make sample daily schedules including full-time and part-time students.
3. Complete lesson plan forms for all students.

READINGS AND MATERIALS: "An Individualized Instructional Plan", "Instructional (Behavioral) Objectives", "Writing Instructional Objectives", Workshop packet from Collier County On-Site Workshop: Individual Prescriptive Educational Plans, A Developmental Model.

Mager, R. F. Preparing Instructional Objectives. Fearon Publishers, Belmont, CA.

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SAMPLE
DAILY LESSON PLAN

Student's Name_____ Date May 3, 1976
Monday

| Time | Vocabulary | Materials | Activities |
|---|---|---|---|
| 9:00 a.m. - 9:45 Activity Time | bathroom<br>commode<br>bath tub<br>towel<br>sink<br>soap<br>wash cloth<br>labeling<br>counting<br>colors, etc. | Peabody Picture Cards<br><br><br><br><br>(various learning areas) | (free and directed activities)<br>Focus: Rooms in Our House<br>Teacher: Bathroom vocabulary<br>Aide: Directed group activities |
| 9:45 - 10:00 a.m.<br><br>Circle Time | "I Pledge.."<br><br>month, yesterday, today, tomorrow<br>days of week<br>blue white<br>sand<br>pattern<br>"turn over" | flag<br><br>calendar and cards<br><br><br><br>sand<br>disc<br>egg timer | A. Pledge<br>B. Calendar<br>C. Finger plays and songs<br>D. Sand Patterns - Exploring movement |
| 10:00 a.m.- 10:10 | chew, drink<br>naming foods<br>manners<br>textures | food<br>utensils | Snack |
| 10:10 - 10:30<br><br>X Movement<br>_ Cooking<br>_ Art | team(s)<br>balance<br>spoon | spoon<br>beads | Balance: Spoon race |
| 10:30 - 10:45 | triangle<br>circle<br>square<br>red, blue, green, yellow | Kit<br>Peabody shapes (magnets) | Sounds and symbols (aide)<br><br>Peabody X (teacher) shapes; colors |
| 10:45 - 10:55 Fine Motor | lines<br>letters | Workbooks<br>Paper<br>Pencil<br>Crayons | Handwriting _<br>Scribbling _ |
| 10:55 | | | Bus |

Developmental Skill Area

LESSON PLAN

Area_____ Teaching Team_____ Planning Date_____

| Name | Objective | Activity | Materials | Procedures | Child Performance | Date Achieved |
|---|---|---|---|---|---|---|
| | | | | | | |

UNIT III: Educational Programming

TOPIC: B.1 Lesson Plans - Task Analysis

PURPOSE: To describe the process of task analysis, with examples, so that participants can help the teachers break down a skill into small steps for implementation when necessary.

LEARNING OBJECTIVES: At the end of this session, the participants should:

1. Be aware of the nature of task analysis.
2. Be able to analyze the components of a given task.
3. Be able to use workshop format and suggested strategies to assist the trainees in meeting objectives 1 and 2 and in meeting the overall purpose of this topic.

FORMAT: Discuss process - overhead transparencies of tasks and components. Have participants provide task components of selected objectives for a handicapped child.

HANDOUTS AND MATERIALS:

Handout: Pre-Academic Reading Skills Ladder
Handout: Pre-Academic Math Skills Ladder
Handout: Task Analysis Samples: Rings on a Peg
Catching a Ball
Name Reading
Materials: Report Cards (See section on On-Going Evaluation)

SUGGESTED STRATEGIES:

1. Match task and components.
2. Assign specific tasks to be analyzed.
3. Make a chart showing how the same basic task component generalizes to many tasks.
4. Provide consultation to teachers in task analysis.
5. As a teacher develops an analysis of a task, put into a notebook as a center resource.

READINGS AND MATERIALS:

Bateman, Barbara. The Essentials of Teaching. Dimensions Publishing. San Raphael, CA. 94903

Curriculum for Moderately and Severely Handicapped. Teaching Research Infant and Child Center. Charles C. Thomas, Springfield, Ill. 1976.

Edgar, E. et al, "Developing an Instructional Sequence for Teaching a Self-Help Skill", Education and Training of the Mentally Retarded. Vol. 12, No. 1. Feb. 1977. P. 42.

A Planning Guide: The Preschool Curriculum. Kaplan School Supply, Winston-Salem, N. C. 27103.

READINGS AND MATERIALS Cont'd.

Espech, J. E. and Williams, B. Developing Programmed Instructional Materials. Fearon Publishing, Palo Alto, CA. 1967.

PRE-ACADEMIC READING SKILLS LADDER

| | NEEDS IMPROVEMENT | CAN DO 90% | COMMENTS |
|---|---|---|---|
| 1.a. Can move limb or other body part when touched by teacher. | | | |
| b. Can move a limb or other body part when pointed to by the teacher. | | | |
| c. Can move a limb or other body part when indicated verbally by the teacher using right and left designation. | | | |
| 2.a. Can recognize himself in mirror. | | | |
| b. Can imitate prepositional behavior (in, on, over, etc.) | | | |
| c. Can follow directions using prepositional behavior. | | | |
| d. Using a pencil and paper, can mark the correct object, following oral prepositional directions. | | | |
| 3.a. Can discriminate one different concrete object from a set of three. | | | |
| b. Can discriminate one different concrete object from a set of four. | | | |
| c. Using a pencil and paper can mark one different object in a set of four. | | | |
| 4.a. Using concrete objects, can classify according to color. | | | |
| b. Using pencil and paper, can mark all objects of same color. | | | |

| | NEEDS IMPROVEMENT | CAN DO 90% | COMMENTS |
|---|---|---|---|
| 4.c. Using Concrete objects, can classify according to shape. | | | |
| d. Use above sequence for big and little. | | | |
| 5.a. Can use child-sized tongs to pick-up large balls of cotton. | | | |
| b. Can make single cuts with scissors on narrow strip of paper. | | | |
| c. Can cut along thick, dark line on a piece of plain paper. | | | |
| d. Can cut simple shapes, following a pattern. | | | |
| e. Can cut simple shapes without a pattern. | | | |
| 6.a. Can follow a shaded path between two dark lines. | | | |
| b. Can follow a straight path between two lines, gradually decreasing the margin. | | | |
| c. Can follow a curved path between two lines, gradually decreasing the margins. | | | |
| d. Using tracing paper, can trace a straight line with various angles. | | | |
| e. Using tracing paper can trace curved lines. | | | |
| f. Following a pattern can copy same straight lines as traced. | | | |
| g. Following a pattern, can copy same curved lines as traced. | | | |

| | NEEDS IMPROVEMENT | CAN DO 90% | COMMENTS |
|---|---|---|---|
| 6.h. Following a dotted pattern, can trace a circle. | | | |
| i. Following a pattern, can copy a circle. | | | |
| j. Using tracing paper, can trace the letters of his name. | | | |
| k. Using dotted pattern, can trace the letters of his name. | | | |
| l. Using a pattern can copy the letters of his name. | | | |
| m. Using a pattern, can copy his whole name. | | | |
| n. Can write his name without a pattern. | | | |
| 7.a. Can indicate motorically or verbally that he hears a sound. | | | |
| b. Can discriminate between two distinctive sounds. | | | |
| c. Can imitate sound after he hears it (clapping, bell ringing, barking, etc.) | | | |
| d. Can make the sound upon a verbal request. | | | |
| 8.a. Can discriminate like and unlike intensity impaired sounds. | | | |
| b. Can indicate whether a sound is loud or not loud in relation to another sound. | | | |
| c. Can discriminate unlike intensities of gradually increasing differences. | | | |
| d. Use the above sequence, substituting pitch for intensity. | | | |

| | NEEDS IMPROVEMENT | CAN DO 90% | COMMENTS |
|---|---|---|---|
| 8.e. Can indicate what side of the room the sound comes from. | | | |
| f. Blindfolded, the child must be able to point to the source of a sound. | | | |
| 9.a. Can orally supply the last word of a known nursery rhyme or song. | | | |
| b. Can follow the teacher's lead in making up nonsense rhymes for his own name. | | | |
| c. Can identify beginning, middle and end of toy train. | | | |
| d. Can identify beginning, middle and end of a word. | | | |
| e. Can indicate when words have the same beginning sound. | | | |
| f. Can supply a rhyming word when given the initial sound orally. | | | |
| g. Can supply a rhyming word when not given the initial sound orally. | | | |
| 10.a. Can find a known shape or color with a model. | | | |
| b. Can find known shape or model within a ten second delay after exposure to a model. | | | |
| c. Can set out two objects in correct sequence with a model. | | | |
| d. Can set out two objects in correct sequence with a ten second delay after exposure to a model. | | | |
| e. Knows names of primary colors. | | | |
| f. Can find a known shape or color upon a verbal command. | | | |

| | NEEDS IMPROVEMENT | CAN DO 90% | COMMENTS |
|---|---|---|---|
| 10.g. Can find a known shape or color with a ten second delay after a verbal command. | | | |
| h. Can set out two objects in correct sequence with a verbal command. | | | |
| i. Can set out two objects in correct sequence with a ten second delay after a verbal command. | | | |
| j. Can repeat a number or letter immediately. | | | |
| k. Can repeat a number or letter after a ten second delay. | | | |
| l. Can repeat two numbers or letters in correct sequence immediately. | | | |
| m. Can repeat two numbers or letters in correct sequence after a ten second delay. | | | |
| n. Use the above sequence for three and four digit sequence. | | | |
| 11.a. Can follow person across room with eyes while turning head. | | | |
| b. Can follow person across his field of vision without turning head. | | | |
| c. Can follow a small object with eyes. | | | |
| d. Can follow a moving hand under a large picture or word sequence. (experience chart or chalk board) | | | |
| e. Can follow moving finger under words in a book. | | | |
| f. Can follow with a pencil a dotted line from left to right. | | | |

| | NEEDS IMPROVEMENT | CAN DO 90% | COMMENTS |
|---|---|---|---|
| g. Can draw a line from a point on left side of paper to a point on right side. | | | |
| 12.a. Can match concrete object to a picture of same objects. | | | |
| b. Can match two pictures of same objects. | | | |
| 13.a. Can indicate whether a person is close or far away. | | | |
| b. Can indicate which of two people is closer, gradually decreasing distance from each other. | | | |
| c. Can indicate which of two objects is closer. | | | |
| d. Using a pencil and paper can indicate which object drawn is closer. | | | |
| 14.a. Can accurately recall which of two objects is removed. (Increase number to three and four.) | | | |

PRE-ACADEMIC MATH SKILLS LADDER

| I. ONE TO ONE RELATIONSHIP | NEEDS IMPROVEMENT | CAN DO 90% | COMMENTS |
|---|---|---|---|
| 1.a. The child will demonstrate one to one correspondence with objects of equal number (one spoon for each cup). | | | |
| b. The child will demonstrate one to one correspondence with objects of unequal number (6 cups, 7 spoons). | | | |
| c. The child will demonstrate one to one correspondence using a worksheet with pictures. | | | |
| II. COUNTING | | | |
| 2.a. The child will count to five by rote. | | | |
| b. The child will arrange in order sets containing one through five members. | | | |
| c. Given concrete objects, the child will be able to count at least five objects. | | | |
| d. Given concrete objects, the child will demonstrate the concept of zero. | | | |
| e. Given a flannel or wooden numeral, the child will place next to it the correct number of objects, up to five. | | | |
| f. Given the written numeral up to five, the child will say aloud each number. | | | |
| III. MATCHING | | | |
| 3.a. The child will match like objects (cars, balls, etc.) | | | |

| III. MATCHING | NEEDS IMPROVEMENT | CAN DO 90% | COMMENTS |
|---|---|---|---|
| b. The child will match objects by size. | | | |
| c. The child will match objects by color. | | | |
| d. The child will match objects by color and size (big, red, balls). | | | |
| e. The child will match objects (any of the above), using tactile method. | | | |
| IV. MEASUREMENT<br>4.a. The child will compose out of blocks a "tower" equal in height to a tower already built. | | | |
| V. MONEY<br>5.a. The child can match like coins (pennies, nickles, and dimes). | | | |
| VI. RELATIONSHIPS<br>6.a. Using concrete objects, the child will demonstrate knowledge of big and little, tall and short, long and short, and large and small. (specify in "comment"). | | | |
| b. Given a set of objects, the child will demonstrate knowledge of all and some. | | | |
| c. Given a set of objects, the child will demonstrate knowledge of more and less. | | | |
| d. Given concrete objects, the child will demonstrate knowledge of few and many. | | | |

| VI. RELATIONSHIPS | NEEDS IMPROVEMENT | CAN DO 90% | COMMENTS |
|---|---|---|---|
| 6.e. Using concrete objects, the child will demonstrate knowledge of heavy and light. | | | |
| f. Given a cup and water, the child will demonstrate knowledge of full and empty. | | | |
| g. Using three or more concrete objects, the child will demonstrate knowledge of first and last. | | | |
| VII. TIME | | | |
| 7.a. The child will accurately label an event as occurring today. | | | |
| b. The child will accurately label an event as occurring yesterday. | | | |
| c. The child will accurately label an event as occurring tomorrow. | | | |
| d. Using a calendar, the child will indicate that a week has seven days. | | | |
| e. The child will recite the days of the week in order. | | | |
| f. Using a calendar, the child will demonstrate knowledge of the concept of month. | | | |
| VIII. PATTERNING | | | |
| 8.a. Using concrete objects, the child will find a known shape of color, with a model. | | | |
| b. Using concrete objects, the child will set out two objects in correct sequence, with color or shape model. | | | |

| VIII. PATTERNING | NEEDS IMPROVEMENT | CAN DO 90% | COMMENTS |
|---|---|---|---|
| 8.c. Using concrete objects, the child will set out three objects with a color or shape model. | | | |
| d. Using concrete objects, the child will set out four objects with a color or shape model. | | | |
| e. The child will continue a pattern of colors or shapes which has already been started (red, blue, red, blue, etc.) | | | |

TASK ANALYSIS
OF
"NAME READING"

1. Objective: To be able to visually discriminate and touch child's printed name, when shown 5 names including his own.

2. Breakdown of objective--Sub-objectives:

   Read name with no cues
   Match name with name with cues
   Touch and label name
   Visually discriminate name from other names with cues
   Match name to name with child's picture attached
   Discriminate name from other names with no cues

3. Sequencing of sub-objectives:
   (1) Touch and label name
   (2) Match name to name with child's picture attached (see example)
   (3) Match name to name with cues
   (4) Visually discriminate name from other names with cues
   (5) Discriminate printed name with no cues
   (6) Discriminate printed name from other names without cues

4. Manipulate variables:

   Size
   Color
   Form
   Novelty

5. Evaluate

A Planning Guide: The Preschool Curriculum. Kaplan School Supply, Winston-Salem, N.C. 27103

TASK ANALYSIS
CATCHING A BALL

Terminal Behavior: Child bounces and catches ball with dominant hand.

| | |
|---|---|
| Phase I | Child bends over one foot from floor, bounces five-inch ball with two hands and catches it with two hands. |
| Phase II | Child bends over two feet from floor, bounces five-inch ball with two hands and catches it with two hands. |
| Phase III | Child bounces ball with two hands and catches five-inch ball with two hands. |
| Phase IV | Child bends so that dominant hand is one foot from floor, bounces five-inch ball with one hand, and catches it with two hands. |
| Phase V | Child bends so that dominant hand is two feet from floor, bounces five-inch ball with one hand, and catches it with two hands. |
| Phase VI | Child bounces five-inch ball with dominant hand and catches ball with two hands. |
| Phase VII | Child bounces tennis ball with dominant hand and catches it with two hands. |

Curriculum for Moderately and Severely Handicapped. Teaching Research Infant and Child Center. Charles C. Thomas, Springfield, Ill. 1976,

TASK ANALYSIS

RINGS ON A PEG

Terminal Behavior: Child puts graduated sizes of rings on peg in consecutive order.

Phase I Child puts rings of equal size on peg.

Phase II Child puts graduated rings on peg in consecutive order.

The following steps apply to each of the phases above.

STEPS

1. Child puts final ring on peg.
2. Child puts two rings on peg.
3. Child puts three rings on peg.
4. Child puts four rings on peg.
5. Child puts five rings on peg.
6. Child puts six rings on peg.
7. Child puts seven rings on peg.
8. Child puts eight rings on peg.
9. Child puts nine rings on peg.
10. Child puts ten rings on peg.

Curriculum for Moderately and Severely Handicapped. Teaching Research Infant and Child Center. Charles C. Thomas, Springfield, Ill. 1976.

UNIT III: Educational Programming

TOPIC: B.2. Lesson Plans - Grouping

PURPOSE: To enable participants to provide the teachers with information pertaining to the types of groups and procedures for working with the groups of children.

LEARNING OBJECTIVES: At the end of the session, the participants should be able to:

1. Define "heterogenous" and "homogeneous" groups.
2. Give at least one benefit and disadvantage of each type of group.
3. Write lesson plans for an activity for a group of 5 children who have different educational objectives.
4. Use workshop format and suggested strategies to assist trainees in meeting objectives 1-3 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS: Handout: "Points to Consider When Grouping"
Materials: (Refer to Sections on Learning Centers and Evaluation)

FORMAT: Discussion: Give example of individualizing within groups, elicit examples from participants.

SUGGESTED STRATEGIES:

1.a. Make a brief checklist of 10 or 15 specific objectives considered most vital.
b. Conduct a sample lesson for each item, keeping the class together.
c. On the basis of the children's responses to the objectives, form groups. Those who have the most to learn can be easily identified.
d. Continue to check and group the other children. When it becomes difficult to discriminate among the remaining children, they can usually be grouped together.
2. Look at a class profile in terms of grouping.

READINGS AND MATERIALS: Bateman, Barbara. The Essentials of Teaching. Dimensions Publishing. San Raphael, CA. 94903.

## POINTS TO CONSIDER WHEN GROUPING

### Homogenous

Informal testing in different areas can ascertain each child's level of expertise in each subject and enable the teacher to group children with others of their same level.

All children are not on the same level in every area, and may be in different groups for different activities.

### HETEROGENEOUS

It is not always necessary to group children according to ability level.

Children may be in the same small group activity and still have different levels of performance and different goals.

Even when children have different objectives within the group, if the activity itself is similar, the children will not be too aware of differences in ability levels.



OMHOP
March 1978

UNIT III: Educational Programming

TOPIC: C. Learning Centers

PURPOSE; To provide participants with an awareness of the rationale for and use of learning centers vs conventional classroom set up in order to assist the trainees in utilization of learning centers.

LEARNING OBJECTIVES: At the end of this session the participants should be able to:

1. Define learning centers and give a rationale for their use.
2. Set up learning centers through their awareness of the content, organization, and time spent.
3. Devise a record keeping system which reflects learning center activities.
4. Discuss the role of the aide.
5. Use workshop format and suggested strategies to assist trainees in meeting objectives and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS:

Handout: Explanation of Learning Centers
Handout: Learning Centers for Preschool Handicapped

FORMAT: Discussion; Break up into groups. Plan activities for learning centers, use minature furniture and set up classroom into centers.
Evaluation of group work.

SUGGESTED STRATEGIES:

1. Visit neighboring Centers to observe other classroom settings.
2. Using Learning Center handout, expand materials and activities listed.
3. Indicate which children would not be able to participate in listed learning center activities and why.

READINGS AND MATERIALS:

Lloyd, Dorothy M., 70 Activities for Classroom Learning Centers, The Instructor Publications, Inc., Dansville, New York. 1974.

## EXPLANATION OF LEARNING CENTERS

Learning Centers: A place where everyone can act, learn, create something new.

Allows children to:
1. Make decisions
2. Follow directions
3. Work independently
4. Learn from and with others
5. Practice and reinforce new/old learning
6. Take responsibility for use/care of materials

Allows teachers to:
1. Work undisturbed with small groups or individuals.
2. Circulate and gain information.
3. Have an effective schedule.

Criteria: One must make considerations concerning:
1. Children's needs.
2. Behavior to be practiced.
3. Skills to be practiced.
4. Previous learning to be built on.
5. Activities involving the child directly.
6. Activities that are enjoyable, interesting, effective.

Arranging and Organizing: Allowances should be made for:

1. Number of centers.
2. Provisions for material/equipment.
3. Which areas are floor areas/rug areas.

Lloyd, Dorothy M. 70 Activities for Classroom Learning Centers, The Instructor Publications, Inc. Dansville, New York. 1974.

## Learning Centers for Preschool Handicapped

### Listening Center (with headphones)

talking books
teacher-made tapes with pictures
music to draw by
teaching tapes
filmstrip with tape
language master

### Motor Center

#### Fine

pegs
beads
puzzles
coloring
drawing
blocks
insertion toys
stacking toys
manipulative materials

#### Gross

trampoline
tricycles
exercise mat
balls
climbing apparatus

### Self-Help (Daily Living)

buttoning a shirt
put on dress-up clothes with mirrors
sorting dishes
zipping
all dressing skills
wash dishes, sweep floor
set table for snack
washing hands

### Color Corner

pegs, beads
crayons
magic markers
sorting boxes or cans
building blocks
design blocks
cut out (red) pictures

### Number Nook

number matching
number puzzles
number recognition
coloring picture (2 ducks)
numberline
counting
pegs - blocks (1-to-1 correspondence)
tracing and writing numbers

### Reading

objects for matching
pictures and objects for matching
wooden letters
language masters
readiness dittos
books
magazines
cut out pictures
tracing and writing letters

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OMHOP
March 1978

UNIT III: Educational Programming

TOPIC: D. Innovative Use of Materials

PURPOSE: To enable participants to demonstrate to trainees how conventional and teacher-made preschool materials can be used to reinforce many developmental and readiness skills.

LEARNING OBJECTIVE: At the end of the session, the participants should be able to:

1. List at least five concepts which can be taught using a classroom material.
2. Describe one material which can be made to teach or reinforce a readiness concept.
3. Utilize his or her own creativity to fulfill the above objectives.
4. Use workshop format and suggested strategies ~~and~~ assist trainees in meeting Objectives 1-3 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS: Handout: Conventional Classroom Materials: Pegboard and Threading Pegs
Examples of teacher-made materials

FORMAT: The participants will divide into small groups and list the concepts and skills to be taught, using the conventional materials that they are given. The participants will then report back to the main group with their uses of the material and request additional suggestions from the group.

SUGGESTED STRATEGIES:

1. Have teachers make a game to reinforce a skill (color matching or naming, one-to-one relationships, same and different, etc.)
2. Have teachers devise art project to enhance shape discrimination.
3. Have teachers share with each other their own teacher-made materials.
4. Conduct parent and teacher workshop on homemade materials.

READINGS AND MATERIALS:

Cratty, Bryant, Breen, J. E. Educational Games for Physically Handicapped Children. Love Publishing Co., Denver, CO.

Creative Ideas for Teaching Expectional Children, Love Publishing Co., Denver CO.

READINGS AND MATERIALS Cont'd.

Directory of Selected Instructional Materials. Handicapped Children in Head Start Series. The Council For Exceptional Children, 1920 Association Dr., Reston, VA. 22091

Good Ideas. Early Childhood Special Education, Austin Independent School District, Austin, Texas.

Innovative, Inexpensive, Instructional Materials. United Cerebral Palsy of the Bluegrass, Inc., Lexington, Kentucky.

Reichard, Cary L., Blackburn, Dennis. Music Based Instruction for the Exceptional Child. Love Publishing Co.

CONVENTIONAL CLASSROOM MATERIALS

Peg Board and Threading Pegs

This is a sample of 1 small group report of how these materials may be used in the classroom and what concepts and skills may be taught.

Skill Area

| | |
|---|---|
| Cognitive | Visual Discrimination--grouping by colors<br>Color Discrimination<br>Word recognition<br><br>Sequencing - blue, yellow, red<br>left, right<br>Texture words - smooth/rough<br>attributes - soft/hard<br>flexible<br>size<br><br>Size Comparisons - thin/fat<br><br>Counting - addition/subtraction<br><br>Grouping by more or less<br><br>Manipulation of objects<br>Shapes<br>Visual/figure ground discrimation<br>Visual recall of a pattern<br>Attending skills<br>Vocabulary Development |
| Motor | Fine Motor - threading pegs<br>threading form<br>Prepositions - in/out<br>over/under<br>Tying<br>Eye Hand Coordination<br>Manipulation of objects |

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March 1978

UNIT III: Educational Programming

TOPIC: E. Ongoing Evaluation

PURPOSE: To aid the participants in determining an evaluation system which will encompass formal and informal techniques.

LEARNING OBJECTIVES: At the end of this session, the participants should be able to:

1. Demonstrate a knowledge of formal and informal evaluation techniques in terms of child progress, teaching techniques, materials, and agency follow-up.
2. Use workshop format and suggested strategies to assist trainees in meeting Objective 1 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS:

Handouts:
1. Student Assessment Forms
2. Behavioral Management Forms
3. Center Visitation Forms
4. Annual Physical Evaluation Form
5. Treatment Team Summaries Form
6. I.E.P. Form B (See Unit II-G)
7. Report Cards
8. Policies for the development and use of Anecdotal Records
9. Anecdotal Record Sample
10. Contact Logs

Materials: Parent Involvement during ongoing evaluation

FORMAT: Discussion of formal and informal evaluation techniques
Participants will devise an informal test

SUGGESTED STRATEGIES:

1. Assist trainees in completion of necessary evaluation forms.
2. Provide trainees with feedback from observations which will enable them to strengthen teaching techniques.
3. Define guidelines for establishing and implementing treatment teams.
4. Establish a Resource Library for teaching techniques.
5. Provide inservice with teachers on teaching techniques.
6. Share innovative teaching techniques with other teachers.
7. Devise methods of utilizing parent/home information for ongoing evaluation.

Unit III. Educational Programming
E. Ongoing Evaluation

READINGS AND MATERIALS:

Cubb Full Year Head Start Program Activity Log, Starke, Fla.

Edgar, E. and Neel, R. S., "Results of a Competency Based Teacher Training Program." Exceptional Children, Vol. 43, No. 1., Sept. 1976. pp. 33-36.

Equipment and Materials for Use in Nursery Schools for Handicapped Children. Meyer Children's Rehabilitation Teaching Program for Young Children, Omaha, NE.

Miller, S. R. and Sabatino, D. A. "Evaluating the Effectiveness of Supplemental Special Educational Materials." Exceptional Children, Vol. 43, No. 7, Ap. 1977, pp 457 - 461.

Project Dream, M. L. King, Jr., Child Development Center, Diagnostic Resource Unit, 380 Martin St., S. E., Atlanta, GA 30312

STUDENT ASSESSMENT FORM

NAME OF STUDENT_____SEX____AGE____GRADE____

SCHOOL_____COUNTY_____TEACHER_____

CENTER TEACHER_____DATE_____

TEST ADMINISTERED:

OBSERVATION & TEST RESULTS:

RECOMMENDATIONS:

Child _____ MANAGEMENT RECORD FORM

Teacher _____ Supervisor _____ Date _____

Target # ( ): Step # ( ) B.E. The child will imitate "pat-a-cake" by clapping his hands within 10 seconds after the teacher models and says "your turn"

Input Modality Verbal Visual Motor Output Modality Motor

S.E. + Sched. 100% Reinforcement Trials Crit. 80%-90% for 2 consecutive sessions

| | AE | BE | SE |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
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| 21. | | | |
| 22. | | | |
| 23. | | | |
| 24. | | | |
| 25. | | | |
| 26. | | | |
| 27. | | | |

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**AE (Antecedent Event)**

1. Sit.: 1-1 with child in chair facing teacher
2. Mat.: reinforcer
3. Stm.: Teacher says "your time"
4. Cue:

**BE (Behavior Event)**

1. NR: child first sits there
2. CR: child claps and recites "pat-a-cake"
3. IR: child self stimulates, child turns away or does other than command requested

**SE (Subsequent Event)**

1. O/NR: Guide the child through the clapping as teacher recites "pat-a-cake" say "good" when finished
2. +/CR: reinforce child with hug and a smile and the primary reinforcer
3. -/IR: restrain self stimulation and administer sharp "no", if child turns away or does other than required command say "NO" harshly, frown, and turn away as a time out for the child

MANAGEMENT HIERARCHY

| AE | BE | SE |
|---|---|---|
| -c Teacher says | child lifts hands in an attempt to clap | reinforce with a hug, |
| -b "your turn" to | child claps once | smile and primary |
| -a the child | child claps to rhythm | reinforcer |

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Child's Name_____

Date_____

Activity_____

| BE | BE |
|---|---|
| 1._____ | 1._____ |
| 2._____ | 2._____ |
| 3._____ | 3._____ |
| 4._____ | 4._____ |
| 5._____ | 5._____ |
| 6._____ | 6._____ |
| 7._____ | 7._____ |
| 8._____ | 8._____ |
| 9._____ | 9._____ |
| 10._____ | 10._____ |
| 11._____ | 11._____ |
| 12._____ | 12._____ |
| 13._____ | 13._____ |
| 14._____ | 14._____ |
| 15._____ | 15._____ |
| 16._____ | 16._____ |
| 17._____ | 17._____ |
| 18._____ | 18._____ |
| 19._____ | 19._____ |
| 20._____ | 20._____ |
| 21._____ | 21._____ |
| 22._____ | 22._____ |
| 23._____ | 23._____ |
| 24._____ | 24._____ |
| 25._____ | 25._____ |



MANAGEMENT RECORD FORM

| BE | BE |
|---|---|
| 1._____ | 1._____ |
| 2._____ | 2._____ |
| 3._____ | 3._____ |
| 4._____ | 4._____ |
| 5._____ | 5._____ |
| 6._____ | 6._____ |
| 7._____ | 7._____ |
| 8._____ | 8._____ |
| 9._____ | 9._____ |
| 10._____ | 10._____ |
| 11._____ | 11._____ |
| 12._____ | 12._____ |
| 13._____ | 13._____ |
| 14._____ | 14._____ |
| 15._____ | 15._____ |
| 16._____ | 16._____ |
| 17._____ | 17._____ |
| 18._____ | 18._____ |
| 19._____ | 19._____ |
| 20._____ | 20._____ |
| 21._____ | 21._____ |
| 22._____ | 22._____ |
| 23._____ | 23._____ |
| 24._____ | 24._____ |
| 25._____ | 25._____ |

## CENTER VISITATIONS

CENTER_____ CENTER TEACHER_____

DATE_____ AIDE_____

OBSERVATIONS:

RECOMMENDATIONS:

_____
SIGNATURE

PROGRAM_____

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OMHOP
March 1978

Annual Physical Checkup Form

Date_____

Name_____
First Middle Last

Parent or Guardian's Name_____

Address_____
Number Street

_____
City State Zip

Birthdate_____ Age_____

Eyes_____ Vision_____

Ears_____ Hearing_____

Skin_____ Lymph Nodes_____

Nose and Throat_____

Teeth, Gums, Tongue, Palate_____

_____

Heart_____ Blood Pressure_____

Lungs_____

Abdomen_____ Genitalia_____

Skeletal System_____

Prescribed Medication_____

Corrective Devices_____

Current Diagnosis and Description _____

_____

Medical Implications for Instructions_____

_____

_____

_____ MD
(Signature of Physician)

TREATMENT TEAM

DATA

STUDENTS NAME John Doe

TEACHER'S NAME Susie Smart

SOCIAL WORKER: Jane Curie

DATE 5-21-77

SUMMARY:

Regular School:

Susie observed John at Harper School and Mrs. Davis reported that he is doing well. His attitude there is much better. The LD resource teacher has been seeing John for an hour each day.

Center:

John is working in Math on his multiplication facts. He is working in SRA Level B. He still displays a lot of attention getting behavior and often complains about finishing his work. He doesn't like to participate in Music.

Home:

Mrs. Doe was here to observe. Jane talked to her on the Tuesday before and the baby is due the last of this month. Mr. Everett is mailing an application for John to attend Camp Pineywood.

## Suggestions for Report Cards

1. Remember to circle what you are working on or what you have mastered. (e.g., 1 2 3 4 5 6 7 8 9 10)

2. Remember this report card is supposedly sequential and developmental. A child should master the lower level skills prior to those checked as satisfactory or working on. If you're uncertain, do an assessment of that item.

3. Don't forget to write in the sight words that you are working on. (Primary Report Card)

4. If you make an error, please white out all three pages. (Don't write over or scratch out.)

5. Be sure to circle the vowel sounds that you are working on.

6. Let's look at the following definitions of the criteria:

   - Mastered: Child has learned and can demonstrate a knowledge of.
   - Satisfactory: You have been working on this skill, the child is progressing and hopefully by next reporting period, the child will have mastered. This is an interim step between working on and mastered.
   - Working on: This is your focus for that grading period. This skill could move to Satisfactory Progress or Mastery. Be careful not to check too many items in working on column. Parents might overburden the child.
   - Not Working on: This is checked because the skill is basically too high a level developmentally. (Not working on does not mean a child has mastered it and you're no longer working on it.)
   - Not Appropriate: Something very unique to a child's individual handicapping condition.

7. If you're checking too many items under not working on, you may need to go down a level. From Readiness, the next step down is a narrative.

8. Please submit all report cards before they are torn apart and always before they are issued to Parents and Teachers.

9. After reviewed by Lead Teacher, send the pink copy to parents, yellow copy to regular classroom teacher and white copy to the evaluation unit to be filed.



OMHOP
March 1978

Readiness Level

PROGRESS REPORT
THE CHILDREN'S CENTER

Name _____ System _____

Center Teacher _____ School/Teacher _____

Center _____ Date _____

| | MASTERED 90% OF TIME | SATISFACTORY PROGRESS | WORKING ON THIS SKILL | NOT WORKING ON THIS SKILL | NOT APPROPRIATE |
|---|---|---|---|---|---|
| **ACADEMIC PROGRESS - MATH** | | | | | |
| 1. 1 to 1 correspondence | | | | | |
| 2. Sizes of objects - comparisons-big,bigger,short,shorter, etc. | | | | | |
| 3. Shape and symbol discrimination | | | | | |
| 4. Quantity | | | | | |
| 5. Identifying members of a set (0 1 2 3 4 5 6 7 8 9 10 in a set) | | | | | |
| 6. Naming Printed numbers | | | | | |
| 7. Counting pictured objects (1 2 3 4 5 6 7 8 9 10) | | | | | |
| 8. Matching numbers | | | | | |
| 9. Ordinal Numbers 1 - 10 | | | | | |
| 10. Dot-to-dot sequencing | | | | | |
| 11. Counting orally 1-10 | | | | | |
| 12. Calendar orientation day - week - month | | | | | |
| 13. Writing numbers 1 digit | | | | | |
| 14. Number sequencing (Before and After) | | | | | |
| 15. Cardinal Concepts | | | | | |
| 16. Solid shapes | | | | | |
| 17. Time | | | | | |
| **ACADEMIC PROGRESS - READING** | | | | | |
| 1. Matching colors | | | | | |
| 2. Naming colors | | | | | |
| 3. Memory for sentence | | | | | |
| 4. Direction in space | | | | | |
| 5. Same or different | | | | | |
| 6. Naming alphabet from memory | | | | | |
| 7. Printing capital letters of alphabet (Using a model) | | | | | |
| 7A. (From memory) | | | | | |
| 8. Comprehension | | | | | |
| a. Likes to be read to | | | | | |
| b. Names characters, ideas, conclusions | | | | | |
| c. Remembers from stories read aloud | | | | | |
| d. Can place characters, objects, animals, etc. in categories and sequence | | | | | |
| e. Identifies main idea in story | | | | | |
| f. Can supply ending to story | | | | | |
| g. Can make inferences from the story | | | | | |
| h. Summarizes story | | | | | |
| 9. Vocabulary | | | | | |
| a. Recognizes his own name in print | | | | | |
| b. Knows names of numbers | | | | | |
| c. Can match capital and small letters | | | | | |
| d. Associates pictures with words | | | | | |
| e. Identifies new words by picture clues | | | | | |

Readiness Level

LANGUAGE AND COMMUNICATION

| | MASTERED 90% OF TIME | SATISFACTORY PROGRESS | WORKING ON THIS SKILL | NOT WORKING ON THIS SKILL | NOT APPROPRIATE |
|---|---|---|---|---|---|
| Language Comprehension | | | | | |
| 1. Responds to spoken words | | | | • | |
| a. by smiles, frowns, changes in behavior | | | | | |
| b. vocally or verbally | | | | | |
| 2. Vocalizes | | | | | |
| a. mainly during crying | | | | | |
| b. feelings of pain or pleasure (i.e. grunts, whines) | | | | | |
| c. makes a vowel-like sound with high-low or up-down inflection | | | | | |
| d. combines several vowel sounds with inflection | | | | | |
| e. babbles by repeating a vowel or consonant sound over and over (e.g. ba-ba-ba) | | | | | |
| 3. Imitates sounds/words | | | | | |
| a. speech movements without sound production | | | | | |
| b. cough, tongue click, etc. | | | | | |
| c. sounds without meaning | | | | | |
| d. syllables (consonant-vowel) | | | | | |
| e. sounds of animals or objects (e.g. "bow-wow", "choo-choo") | | | | | |
| f. words (e.g. ball, baby, cup, etc.) | | | | | |
| 4. Vocabulary skills | | | | | |
| a. uses meaningless syllables (jargon speech) as though they were meaningful | | | | | |
| b. uses one syllable sound for an object or person (e.g. "wa" for "water") | | | | | |
| c. uses two syllable sound for an object/person (e.g. "wa-wa" for water) | | | | | |
| d. uses 1 word for many related things | | | | | |
| e. names familiar objects (e.g. toys, animals, body parts, clothing) | | | | | |
| 1. names 5 familiar objects | | | | | |
| 2. names 10 familiar objects | | | | | |
| 3. names 20 or more familiar objects | | | | | |
| 5. Follows verbal directions | | | | | |
| a. one simple direction accompanied by gestures | | | | | |
| b. one simple direction without gestures | | | | | |
| c. two or more directions | | | | | |
| 6. Makes wants and needs known verbally | | | | | |
| 7. Identifies and describes objects verbally | | | | | |
| 8. Describes objects using more than physical or factual ideas | | | | | |
| 9. Labels simple feeling in pictures, art or music | | | | | |
| 10. Uses appropriate words to show own feelings | | | | | |
| 11. Shares ideas freely | | | | | |
| 12. Understands and uses pronouns in sentences | | | | | |
| a. I, me, you, mine, your | | | | | |
| b. She, he, her, him, his | | | | | |
| c. They, us, their, them, we, our | | | | | |
| 13. Comprehends and uses question forms | | | | | |
| a. Who, What? | | | | | |
| b. When, Where? | | | | | |
| c. What color, how many? | | | | | |
| d. Whose, How, Why? | | | | | |

Name _____

Readiness Level

| LANGUAGE AND COMMUNICATION (Cont.) | MASTERED 90% OF TIME | SATISFACTORY PROGRESS | WORKING ON THIS SKILL | NOT WORKING ON THIS SKILL | NOT APPROPRIATE |
|---|---|---|---|---|---|
| 14. Understands and uses prepositions | | | | | |
| a. on, in, under | | | | | |
| b. beside, behind, over, in front of | | | | | |
| 15. Colors | | | | | |
| a. Matches primary colors | | | | | |
| b. Names primary and secondary colors | | | | | |
| c. Names all colors | | | | | |
| 16. Information about self and family | | | | | |
| a. Knows and gives first and last name | | | | | |
| b. Knows and gives sex | | | | | |
| c. Knows and gives age | | | | | |
| d. Knows and gives address | | | | | |
| e. Knows and gives parents names | | | | | |
| 17. Sentence structure | | | | | |
| a. Subject - Verb | | | | | |
| b. Subject - Verb - Object | | | | | |
| 18. Volunteers information during classroom activities | | | | | |
| 19. Initiates and maintains simple conversation with peers | | | | | |
| 20. Detects and corrects own speech errors | | | | | |
| 21. Uses parts of speech correctly | | | | | |
| 22. Auditory skills | | | | | |
| a. Responds to environmental sounds | | | | | |
| b. Discrimination: Gross Sounds | | | | | |
| Words | | | | | |
| Sentences | | | | | |
| c. Wears hearing aid regularly | | | | | |
| d. Takes good care of hearing aid | | | | | |
| e. Relies on aid for auditory clues | | | | | |
| f. Good attitude towards hearing aid | | | | | |
| 23. Speechreading | | | | | |
| a. Watches for visual clues | | | | | |
| b. Responds to words and short phrases | | | | | |
| c. Understands main idea | | | | | |
| d. Understands detail | | | | | |
| PSYCHOMOTOR AND MOBILITY SKILLS | | | | | |
| 1. Motor skills | | | | | |
| a. Can move a body part when pointed to or indicated verbally by the teacher. | | | | | |
| b. Has control of his large muscles as in a. skipping b. hopping c. running | | | | | |
| c. Has control of small muscles such as those used in cutting and coloring. | | | | | |
| d. Can identify the major parts of his body. | | | | | |
| e. Is able to throw and catch a ball with some accuracy. | | | | | |
| f. Is able to function in balance activities using a balance beam. | | | | | |
| g. Can walk up and down stairs not alternating feet/alternating feet. | | | | | |

Name _____

Readiness Level

PSYCHOMOTOR AND MOBILITY SKILLS (Cont.)

| | MASTERED 90% OF TIME | SATISFACTORY PROGRESS | WORKING ON THIS SKILL | NOT WORKING ON THIS SKILL | NOT APPROPRIATE |
|---|---|---|---|---|---|
| 2. Fine Motor | | | | | |
| a. Can recognize himself in mirror. | | | | | |
| b. Can imitate prepositional behavior (in, over, under) | | | | | |
| c. Holds pencil or crayons correctly | | | | | |
| d. Scribbles using pencil or crayon | | | | | |
| e. Colors within lines | | | | | |
| f. Colors neatly | | | | | |
| g. Colors in one direction | | | | | |
| h. Can make single cuts on paper | | | | | |
| i. Cuts out simple figures, or detailed figures | | | | | |
| j. Can trace a straight line, curved lines | | | | | |
| k. Can trace simple/detailed figures | | | | | |
| l. Draws recognizable/detailed pictures | | | | | |
| m. Works from left to right | | | | | |
| n. Works from top to bottom | | | | | |
| o. Handwriting is legible with recognizable letters | | | | | |
| p. Is able to lace and tie shoes | | | | | |
| q. Can handle a book, turn pages, etc. correctly | | | | | |
| SELF CARE AND SELF HELP SKILLS | | | | | |
| 1. Drinking | | | | | |
| a. Sucks liquid from straw | | | | | |
| b. Drinks from cup | | | | | |
| c. Retains liquid in mouth without dripping or drooling while drinking | | | | | |
| d. Drinks without spilling | | | | | |
| 2. Toileting | | | | | |
| a. Maintains dry diaper for at least two hours | | | | | |
| b. Needs help with toileting in dressing or wiping | | | | | |
| c. Flushes toilet as directed | | | | | |
| d. Appropriately indicates need to use bathroom | | | | | |
| e. Goes to toilet when necessary with infrequent accidents | | | | | |
| f. Goes to toilet properly by self with no accidents | | | | | |
| g. Uses toilet appropriately | | | | | |
| 3. Grooming | | | | | |
| a. Is neat and clean | | | | | |
| b. Uses handkerchief when necessary | | | | | |
| c. Can button, zip, and snap clothing | | | | | |
| d. Can put shoes on and lace them | | | | | |
| e. Has the ability to dress self | | | | | |
| f. Wears and maintains special equipment | | | | | |

Name _____

Readiness Level

| SOCIAL AND EMOTIONAL SKILLS | MASTERED 90% OF TIME | SATISFACTORY PROGRESS | WORKING ON THIS SKILL | NOT WORKING ON THIS SKILL | NOT APPROPRIATE |
|---|---|---|---|---|---|
| 1. Follows class routine | | | | | |
| 2. Follows class rules | | | | | |
| a. Sits properly in seat | | | | | |
| b. Follows directions | | | | | |
| c. Keeps hands to self | | | | | |
| d. Is considerate of others | | | | | |
| e. Uses proper language | | | | | |
| 3. Impulse Control | | | | | |
| a. Refrains from self-destructive behaviors | | | | | |
| b. Refrains from self-stimulating behaviors | | | | | |
| c. Displays appropriate affect | | | | | |
| d. Refrains from overreacting to the slightest provocation | | | | | |
| e. Maintains control when corrected (does not withdraw or become aggressive) | | | | | |
| f. Readily accepts learning new skills | | | | | |
| g. Can accept change in routine without distress | | | | | |
| h. Accepts failure | | | | | |
| i. Maintains control in structured environment | | | | | |
| j. Maintains control in unstructured environment | | | | | |
| 4. Interpersonal relations | | | | | |
| a. Plays with other children | | | | | |
| b. Shares nicely with others | | | | | |
| c. Takes turns | | | | | |
| d. Initiates interaction with teachers and peers | | | | | |
| e. Is proud of own work | | | | | |
| f. Accepts praise | | | | | |
| g. Takes care of toys and materials | | | | | |
| h. Verbalizes feelings | | | | | |
| i. Expresses opinions freely | | | | | |
| j. Contributes positively to group discussion | | | | | |
| k. Is able to make responsible decisions concerning behavior | | | | | |
| 5. Honesty | | | | | |
| a. Recounts occurences properly | | | | | |
| b. Asks owner permission to take property | | | | | |
| c. Does own work | | | | | |
| 6. Social Eating | | | | | |
| a. Eats properly without grabbing | | | | | |
| b. Chews with mouth closed | | | | | |
| c. Uses utensils properly | | | | | |
| d. Eats all types of food | | | | | |
| e. Takes proper portions of food. | | | | | |
| f. Eats at a good rate | | | | | |
| 7. Attention Span | | | | | |
| a. Listens to directions | | | | | |
| b. Maintains eye contact when spoken to | | | | | |
| c. Starts tasks when given | | | | | |
| d. Is not distracted by classroom stimuli | | | | | |
| e. Remains on task throughout activity | | | | | |
| f. Completes assigned tasks | | | | | |
| g. Is able to stop work if insufficient time to complete without inappropriate action | | | | | |

# POLICIES FOR THE DEVELOPMENT AND USE OF ANECDOTAL RECORDS

## Purpose

Anecdotal records shall be developed by school personnel for the sole purpose of objectively describing an individual student's academic, social, and physical behavior where such records will be considered as part of the total evaluation of the child in relation to providing the child with a more appropriate education.

## Development

All anecdotal records shall be written, dated, and signed by the observer.
All anecdotal records shall describe only observable behavior.
All anecdotal records shall be written as soon as possible after the observed behavior, preferably within 24 hours.
All descriptions shall specify the time and date of the observation; the circumstances surrounding the behavior including the setting; other participants, if any; prior observable stimuli, if any; resulting behavior; and the relationship of the behavior to the individual child's present educational program.
All descriptions shall specify whether the recorded behavior had been previously observed and recorded and, if so, with what frequency.

## Maintenance and Use

All recorded descriptions shall be placed in the child's "education records" (cumulative, permanent) within 5 school days after completion.
All anecdotal records in the child's education records shall be evaluated in relation to the child's present individual education plan each time that the plan is reviewed which must occur no less than annually.
If, after a determination has been made that an individual anecdotal record has no relation to the child's individual education plan and program, it shall be removed from the record and destroyed.
Anecdotal records shall remain within the child's official records for as long as they remain directly related to the child's education plan and program.
In all instances the collection, maintenance, and use of anecdotal records shall conform to all other requirements relating to the collection, maintenance, and use of school records.

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This material is provided as a service from the Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091.

OMHOP
March 1978

Anecdotal Record

Name:_____
Teacher:_____

Curriculum Area:_____

Objective: (To be taken from I.E.P. Form B)_____
_____
_____

Week of:_____

Activities to meet objective:

Monday_____
Tuesday_____
Wednesday_____
Thursday_____
Friday_____

Child's Progress Toward Goal: (Statement of child's progress towards mastering the stated objective in the specific curriculum area.)
_____

Behavioral Summary: (Describe the child's behavior during the above activities.)
_____
_____

Week of:_____

Activities to meet objective:

Monday_____
Tuesday_____
Wednesday_____
Thursday_____
Friday_____

Child's Progress Toward Goal:_____
_____
_____

Behavioral Summary:_____
_____
_____



OMHOP
March 1978

## Suggested Staff Activities/Contact Log

Name of Staff Person _____ Position _____ Program _____ From _____ To _____

| Date | Contact Code* | Contact with: Name/Agency | **I E T | T*** P C | Notes, Explanations (optional) | System Agency Credit | Time Spent |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

* Type of Contact
** Status
I - Intake
E - Enrolled
T - Terminated

***Mode
T - Telephone
P - In Person
C - Correspondence

UNIT III: Educational Programming

TOPIC: F. Evaluation (I.E.P. Form C)

PURPOSE: To familiarize the participants with the use of I.E.P. Form C and other kinds of end-of-year evaluations in order to assist the trainees with post-testing procedures.

LEARNING OBJECTIVES: At the end of this session the participants should:

1. Be familiar with the purpose and functions of I.E.P. Form C.
2. Be able to develop a rationale for post testing.
3. Be able to identify the purpose of a termination summary.
4. Be able to utilize workshop format and suggested strategies to assist trainees in meeting objectives 1-3 and in meeting the overall purpose of this topic.

HANDOUTS AND MATERIALS: Handout: I.E.P. Form C
Handout: Termination Year-End Summary Sample

FORMAT: Presentation and discussion.

SUGGESTED STRATEGIES:
1. Participants will have trainees compare individual and group post tests.
2. Develop a task force to compile a sample I.E.P. Form C.

READINGS AND MATERIALS: Refer to Unit II, Topic F

I.E.P. Form C

ANNUAL REVIEW

NAME Jane DATE OF REVIEW 6/3/77

TEACHER(S) Miss Shoulders CENTER Good Start Head Start

PROGRAM(S) Head Start

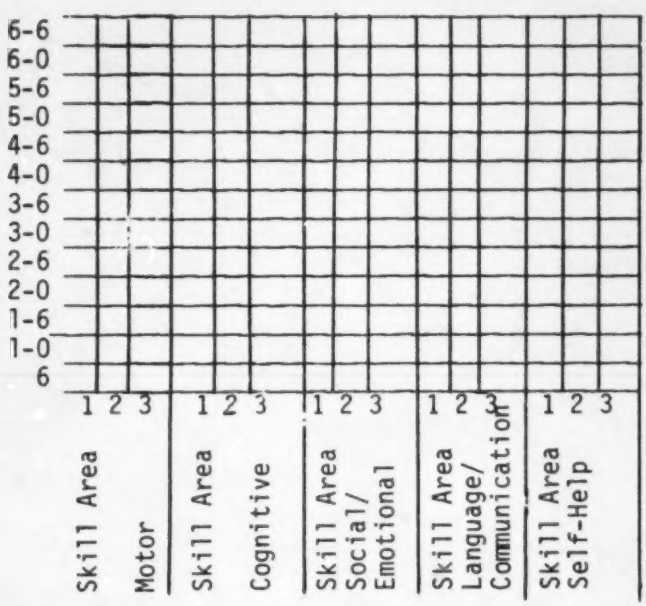
Present at Review:

Miss Shoulders Mr. Kornegay

Mrs. Fromhagen Mrs. Jones

Miss Zachow Mr. Jones

DATA PROFILE




1. Pretest, Date(s) 8/30/76
2. Midterm, Date(s)
3. Post test, Date(s) 5/23/77

Instruments utilized:

LAP-D

Lexington

Goldman Fristoe Test of

Articulation

RECOMMENDATIONS FOR (COMING YEAR) Full time Center; to receive speech therapy, ½ hour 2 times week.

ANNUAL GOAL(S) FOR (COMING YEAR) to reduce articulation errors, bring preacademic skills to developmental level.

Class Responsible Head Start Miss Shoulders

I have reviewed this report and been informed of its contents:

Parent Signature Date

OMHOP
March 1978

SAMPLE

Termination-Year End Summary

Child's Name:

Date:

Teacher:

Center:

Behavior Survey

Jane is able to remain on task for 20 minutes without changing activities. She has learned to raise her hand in order to gain the teacher's attention. When she calls out, she will remember to raise her hand if the teacher ignores her.

In a new situation, Jane often reverts back to using inappropriate behavior. However, if the teacher is consistent and firm from the beginning, Jane will behave in an acceptable manner.

It is essential that the rules be explained to Jane from the start. The consequences for all behaviors should also be explained so that she understands what to expect, both positively and negatively.

If Jane refuses to do her work or follow directions, remove all stimuli and have her sit until she is ready. This method works quite well with her. After she raises her hand and says she is ready, reinforce her and return her materials.

Jane's receptive language is much higher than her expressive. However, she is capable of talking much more than she does. She should be required to speak in sentences. All appropriate verbalizations should be reinforced by both thanking her for talking and by talking with her.

Jane still prefers to play by herself, though she does like to play near other children. Interaction with others should be encouraged and reinforced. Jane may appear not to care about others, but she does make close attachments to selected adults and peers.

Jane has made much progress during the past two years, but we feel that she is capable of functioning even higher than she does presently. She performs better when the teacher's expectations are high, so it is essential not to accept less.

Termination-Year End Summary

Reinforcers

Verbal attention from adults
Physical attention from adults
Playing near peers
Coloring
Peabody Colorforms ("paper dolls")
Alphabet and phonics cards
Painting
Wooden puzzles
Cutting and pasting
Using a stapler and hole puncher

Academic Survey

Jane can count rotely from 1-10 and associates sets 1-5. She can also identify the numerals 1-5. She identifies basic colors and some shades. She can cut out simple shapes drawn with a bold line, but she has difficulty still cutting curved lines. She can trace dotted lines, including those to print the alphabet and her name. She is able to explain the feelings or mood shown in a picture (i.e., happy, sad, upset, scared). She can do simple block designs, and she knows most concepts of spatial relationships.

It must be noted that Jane's academic performance is inconsistent and is quite dependent upon her mood. When she makes a close emotional attachment to a teacher, she performs well. However, if she does not particularly like a person, or if a person is unfamiliar to her and therefore unimportant to her, she attempts to get away with doing as little as possible.

Recommendations

Jane has reached the age where health and personal hygiene need to be stressed, as well as basic good grooming habits. There is also a need for basic knowledge of bodily functioning and sex education.

Jane also needs work in the following:

1. "Not" - which one is not a square?
2. Tenses
3. Auditory discrimination of letter sounds.
4. Identifying letters
5. Right - left.
6. Listening skills.
7. Catagorizing.
8. Gross-motor skills.
9. Fine-motor sills.

Termination-Yead End Summary

We have found that Jane responds well to behavior modification, particularly to positive verbal reinforcement and to use of the premack principle. These should be incorporated into her therapeutic program.

Center Teacher_____
Center_____

APPENDIX I

WORKSHOP IMPACT QUESTIONNAIRE



199

TRAINING FOR TRAINERS WORKSHOP

IMPACT QUESTIONNAIRE

Introduction

Evaluation of the impact of workshops such as this one and of technical assistance in general is a difficult task. Traditional psychological measurement methodologies are not very applicable to this type of evaluation problem. The reasons why in a dynamic human ecology system an individual makes a change in his or her professional work procedures on the job are numerous and varied. Cause and effect relationships between a technical assistance or training event and a specific change in the individual or an organization cannot be demonstrated.

Thus, in the evaluation of this workshop, we are interested in the positive relationships between content and objectives of technical assistance and evidence of desired change in terms of prescriptive teaching.

To document the level of relationship between this workshop's objectives and individual and/or organizational changes, we are employing a two part impact evaluation procedure:

1. Within the next two or three days after the workshop, read the impact questionnaire and respond to each question as objectively as you can at that point in time and return the questionnaire to your cluster coordinator.

2. Your cluster coordinator will review your responses about changes you plan to implement as a result to this workshop, and develop a follow-up questionnaire that will be sent to you after a three month interval. This questionnaire will ask you to provide evidence of whether or not the specific changes you indicated in the first questionnaire have actually taken place.

We appreciate your cooperation in completing this study. We will be sharing the results with each of you in several months.

Your Name: _____

Best Address to Reach You: _____

_____

_____

Adapted from: Conference Manual and Readings, TADS Institute on Technical Assistance.

TRAINING FOR TRAINERS WORKSHOP

IMPACT QUESTIONNAIRE

1. Will the information and materials presented at the workshop help you in establishing a comprehensive system for identification of handicapped children and their learning problems in your cluster?

Yes_____

No_____ → go to item 3.

2. How do you see the information and materials helping you?

3. Why do you feel that the information and materials on establishing a comprehensive system will not help you?

4. Will the information and materials presented about providing educational programs for young handicapped children help you to assist your cluster?

Yes_____

No_____ → go to item 6.

5. How will the program planning information and materials help you?

6. Why do you feel the program planning information and materials will not be of help to you?

7. Will the information and materials presented about developing individual education plans be helpful in working with educatiors at the cluster level?

Yes_____

No_____ → go to item 9.

8. How will the information and materials on individual education plans help you?

9. Why do you feel this information and materials will not be helpful?

10. Will you be able to use the knowledge, procedures and materials that you have gained about conducting needs assessment in your cluster?

Yes_____

No_____ → go to item 12.

11. How will you use these procedures?

12. Why do you feel you will not be able to use these procedures?

13. Will information, materials and procedures that you have learned about technical assistance agreements be useful to you in developing such agreements in your cluster?

Yes_____

No_____ → go to item 15.

14. How will you use this information?

15. Why do you feel the agreement procedures will not be of use to you?

16. Will you be able to use the information presented on technical assistance delivery procedures (i.e. suggested strategies) in working with your cluster?

Yes____

No____ → go to item 18.

17. How will you use this information?

18. Why do you feel you will not be able to use this information?

Training for Trainers Workshop

May 3-6, 1977
Orlando, Florida

HUMANICS ASSOCIATES
EVALUATION FORM

For each item, circle the response that seems most appropriate to you. 0= Number of responses.

1. The objectives of the workshop were stated: 1 2 3 4 5 (Well ... Poorly)

2. The objectives of the workshop were met: 1 2 3 4 5 (Well ... Poorly)

3. The workshop met my needs: 1 2 3 4 5 (Well ... Poorly)

4. The General Sessions of the workshop were: 1 2 3 4 5 (Well ... Poorly)

5. The Dialogue Groups of the workshop were: 1 2 3 4 5 (Well ... Poorly)

6. The physical facilities of the workshop were: 1 2 3 4 5 (Well ... Poorly)

7. Opportunities for expressing myself were: 1 2 3 4 5 (Well ... Poorly)

8. Opportunities for asking questions were: 1 2 3 4 5 (Well ... Poorly)

9. List three things you think would have improved this workshop:

10. What did you find useful about this workshop?

11. Additional Comments: